NEGOTIATION AND SOCIAL ORDER

IN THE THERAPEUTIC COMMUNITY

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PRESENTED FOR THE DEGREE OF

PHd

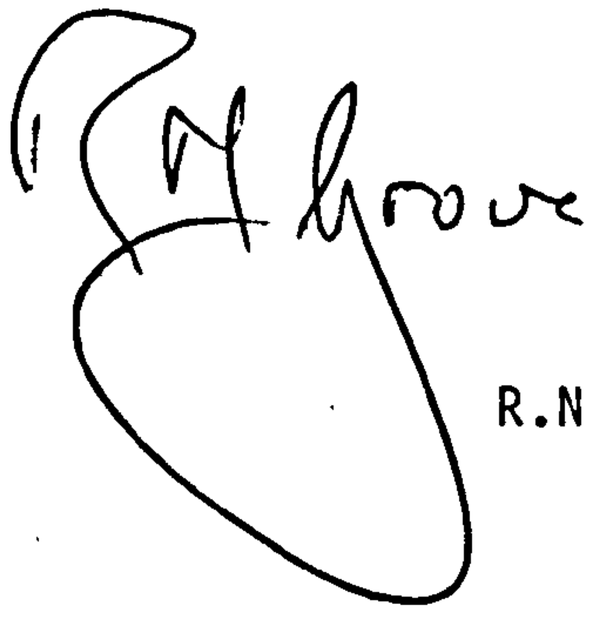
UNIVERSITY OF BRISTOL

MARCH 1985

ACKNOWLEDGEMENTS

The author wishes to thank Chris Beedell, Brian Caddick and Nicky Grove for their professional advice and for their unswerving support and encouragement; the staff and residents of the two communities for their help and generosity; and also Jenny Wills, Maddy Meyer, Diana Moore and the other ladies at Supertype for transforming an almost illegible manuscript into a finished typescript with truly amazing speed.

I declare that the dissertation "Negotiation and Social Order in the Therapeutic Community" is entirely my own work.



R.N. Grove, March 1985

SYNOPSIS

NEGOTIATION AND SOCIAL ORDER IN THE THERAPEUTIC COMMUNITY

The project began as an attempt to correct a perceived inadequacy in the theoretical literature on therapeutic communities by presenting a sociological account of the processes by which social order is established and maintained. The focuss of the inquiry is upon models of institutional process which stress the priority of negotiation as a means of constructing and reproducing social order. The therapeutic community was held to be a particularly suitable setting because of the ideological comittment to open communications and democracy.

Beginning with a critical analysis of the literature on therapeutic communities and the work of the negotiated order theorists, the central part of the research is a comparative study of negotiations in two therapeutic communities in different settings - a hospital ward and a halfway house in a residential street. Data for the project was collected by means of participant observation buttressed by a content analysis of tape recorded meetings.

The analysis is directed at assessing empirically how important negotiation was at different levels of the social order of the two communities, and at how far structural forms and activities such as the manipulation of contingencies and other ways of excercising power could be claimed as being of greater significance than negotiation.

The conclusion suggests that although negotiation accompanies most of the mundane activites in such institutions, the operation of power and social structure set crucial limits on what is negotiable and on how far agreements are put into effect.

It is argued therefore that the claims of some negotiated order theorists maybe overstated and that although social order is not necessarily negotiated, nevertheless the analysis of negotiations has a place at the centre of sociological inquiry into institutional and organisational processes.

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INTRODUCTION

INTRODUCTION

The idea for the present project arose out of the experience of working for seven years in one particular therapeutic community. This was a residential community whose task was to achieve profound psychological and behavioural change in a group of emotionally disturbed adolescent boys. The ideology of the treatment held that all aspects of the milieu were potentially therapeutic. The daily programme was designed to promote change by involving the residents in decision-making and by the continuous analysis and discussion of individual behaviour and the emotional interactions of the group.

Having decided to use a period of sabbatical leave as a opportunity to reflect on the experience of working in such an institution the writer found that the parts of that experience which were most vivid and which felt most unresolved intellectually and emotionally, were the recurring crises and periods of conflict among both staff and residents.

A first reading of the literature suggested that crisis and conflict were not uncommon phenomena among institutions of a similar ideology, and that the level of conflict was often higher than could be considered a manageable part of the therapeutic process - a certain level of conflict being considered therapeutically beneficial in its resolution.

The theory and solutions proposed by practitioners were mostly in keeping with the psycho-analytic/psycho-dynamic frameworks used in therapeutic communities to explain emotional disturbance. In general terms it was suggested that staff and clients were both vulnerable to emotional upheaval. In staff this might be the result of immaturity, lack of insight into the processes of transference and counter-transference, or phenomena arising from unconscious group processes. (See Jones 1968 and Chapter 6 of Whitely and Gordon 1979 for summaries of these views of therapeutic community process.)

These accounts were felt to be theoretically incomplete because they failed to take into account inequalities and heirarchies within communities which although they run counter to their ideology have been found to exist in a number of empirical studies (eg. Rapoport 1960 Sharp 1975.)

Sharp held that as the distinction between the conscious pursuit of perceived self interest and the "acting out" of unconscious motivation is at best uncertain, by minimising the intentionality of the actor in breaking social rules or in attempting to redefine a situation in his own perceived self interest the nature of the power relationships within the organisation is veiled. In particular the power to define or interpret a social situation was found by Sharp to be a critical but usually covert feature of the community.

The existance of a covert power structure in an organisation which is ideologically committed to democratic processes and the abolition of heirarchies is a factor not often discussed in the "practitioner" literature. Those who work in therapeutic communities rarely comment on real differences in values and access to resources between staff and clients and Jones (1968) goes so far as to indicate that power and heirarchy are factors which can be switched on and off as the situation demands.

The initial problem therefore was to find a model of therapeutic community functioning which was not so bound up with the limitations of the treatment ideology and which incorporated concepts of relative power as integral to the social organisation of the communities. For this purpose it seemed potentially more fruitful to look at sociological rather than psychological frameworks.

Sociological studies of therapeutic communities are relatively few in number and it was found that the studies of community process concentrated mainly on the differing perceptions of the milieux by the researcher/observer and the members, without a sharp focus on the processes whereby social order was established and maintained. One exception was Sharp (1975) whose discussion of the issue was found to be very helpful (see Chapter 2). It was Sharp who drew the writers' attention to the work of Anselm Strauss (Strauss et al 1963) which addressed the problems of social order in "progressive" psychiatric units. From this study, Strauss developed a theory he called

Negotiated Order Theory. Although this initial work did not in the view of the writer deal very effectively with concepts of power and structure, the work of those who have followed Strauss (see Chapter 4) has broadened the scope of the theory and attempted to get to grips with social processes and structures which can only be inferred from observation.

These theorists hold that "negotiation" is a central mediating concept in all discussions of social order - the crucial link between social structure and social action. Their work seemed worth pursuing because if the theory had any merit then the therapeutic community would seem to be an ideal testing ground. Strauss observed that in the units he studied someone was negotiating about something most of the time, an observation which rang true to the writers' experience.

The present project therefore was designed to form a view not just on the process of the therapeutic community but also on the wider claims of the negotiated order theorists. The two main aims are:

1) To make a critical social analysis of instances of crisis and conflict in a therapeutic community.
2) In doing so to evaluate the efficacy of Negotiated Order Theory as a means of providing insight into human action in an institutional setting.

In seeking to challenge the prevailing ideology and explore the dimensions of a different model the writer quickly recognised that the

main thrust of the project would not be to prove other (more psychological) perspectives wrong. In seeking to use sociological rather than psychological concepts to account for disturbances in the smooth running of organisations, the writer would seek to present another facet of a multi-faceted reality.

Morgan (1980) was helpful in capturing the essence of such an enquiry, when referring to the use of metaphor in conceptualising and manipulating organisational forms.

"The use of metaphor serves to generate an image for studying the subject. This image can provide the basis for detailed scientific research based upon attempts to discover the extent to which features of the metaphor are found in the subject of the enquiry. Much of the puzzle - solving activity of normal science is of this kind, with scientists attempting to examine, operationalise and measure detailed implications of the metaphorical insight upon which their research is implicitly or explicitly based. Such confinement of attention calls for a great deal of prior, somewhat, irrational committment to the image of the subject of investigation, for any one metaphorical insight provides but a partial and one-sided view of the phenomenon to which it is applied."

Negotiated order theory in these terms is one way of conceiving human organisations which may be both illuminating and limited. The writers view of the researcher's task is that the committment must be

to explore both the strengths and the limitations of a theoretical insight as impartially as possible. A reading of the literature associated with negotiated order theory revealed that some social scientists, notably Day and Day (1977) were concerned with what they regarded as disabling limitations to the paradigm. In particular they were critical of the way the paradigm apparently failed to deal with structural power relationships and what they regarded as the failure to propose a firm definition of negotiation. Maines (1978) and others have since attempted to deal with these criticisms and in the writer's view the whole issue revolves around the empirical question of just how significant negotiation defined in simple everyday terms, is to the social order of living communities of human beings. Is negotiation in Days' words "the fluff on the surface of the social order," and a cover for other kinds of activity which are of far more significance in the maintenance of social order? A study which is focussed on social interaction cannot deal adequately with higher order problems of social structure, but it is in the writer's view entirely valid to look at different forms of interaction, assess their significance in the social process and note their effects. In order to do this it was necessary to design a methodology which would observe and record both formal interaction in groups and meetings, and also "backstage" negotiation at different levels of the organisational structure. The writer was fortunate in finding communities which were prepared to permit a considerable degree of access to their daily interactions.

It was decided quite early on to follow Hall and Hall (1981) in

using comparative techniques as a way of sharpening the focus on social action in relation to changing forms of social organisation. By comparing two communities over a period of 6 months in each, it was possible to note the differences in the ranges of issues about which negotiation was permitted and assess also the relationships between social organisation and the decision making processes in each community.

As a whole the project was for the writer an adventure into new ways of thinking about human organisation. Its starting point was the concept of "negotiation", an observable social phenomena which occurs between at least two parties and implies a degree of mutual exchange as a basis for future relationships. The task of the project is to investigate how this concept applies in the daily life of two communities ideologically committed to democratic open discussion as a way of promoting social rehabilitation.

Without overstressing the personal, the writer wishes to acknowledge that in both its sucesses and failures the project has been a source of constant stimulation and excitement and it is hoped that some of the excitement and enjoyment will emerge from the formal presentation of this thesis.

It should be noted that throughout this thesis the exact identity of the two communities has not been revealed and the names of all staff and residents/members have been changed.

In Chapter 1, the concept of the therapeutic community will be reviewed considering the writings of practitioners and the work of social scientists in defining method and evaluating practise. Chapter 2 will review critically the literature on the management of conflict in the therapeutic community and the need for a new theoretical prospective will be discussed. Chapter 3 will describe and review negotiated order theory. Its potential as a paradigm for analysing the process of therapeutic communities will be given preliminary consideration. The two communities studied will be described in Chapter 4 and points of comparison will be discussed.

The overall methodology of the project will be described in Chapter 5, but the detailed protocol for content analysis of meetings is described in Appendix A. Chapters 6-9 present the findings of the project, providing a detailed analysis of the main features of negotiation in the two communities and an analysis of the influences which shape the formation and maintenance of social order. The conclusions of the project are continued in Chapter 10.

CHAPTER 1

THE CONCEPT OF THE THERAPEUTIC COMMUNITY

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This chapter will present an overview of the development of the therapeutic community in both medical and non-medical settings. It is argued that the term "therapeutic community" although coined comparatively recently represents a form of social organisation which has a long history in the field of education and the management of mentally disordered. This review will concentrate on communities heavily influenced by the medical view of mental illness but only because of the nature of the research settings in this project. The work of educationalists such as Homer Lane, A.S. Neil and George Lyward (see Whittaker J. 1978) bears a considerable resemblence to the concepts now referred to as the "therapeutic community approach" (Clark 1965), although they predated the first Northfield experiment by up to 20 years. Despite this resemblance there has been little acknowledgement of the one by the other. Whitely and Gordon (1979) are exceptional among practitioners in modern therapeutic communities in making reference to the work of the pioneer educationalists.

Definitions of the "therapeutic community"

It is not the purpose of this review to add to the wealth of material in which the term "therapeutic community" is defined. But it should be noted that despite the number of times the "therapeutic community" has been explained, and the related concepts (milieu therapy, sociotherapy, administrative therapy, social learning,

environmental therapy) placed in relationship to the "therapeutic community proper" (Clark 1965), the confidence with which Whitely and Gordon (1979) claim that it is a "specific specialised treatment process" may be misplaced. Other commentators acknowledge with different degrees of exasperation that there is no one model (Jones 1968) for a therapeutic community, and that the term becomes more elusive the more it is examined. (Zeitlyn 1967, Harrington 1970, Sharp 1975, Thompson 1977, Divine 1982, to name but a few). Thompson refers to the issue as a "semantic and conceptual" rather than an organisational problem. He summarizes the general situation as follows:

"Whether an approach to treatment is "sociotherapeutic" or "psychotherapeutic" for example will rarely alter the fact that the organisation in which it takes place will be medical and generally involve the use of eclectic methods". (ibid p 170)."

Thompson's statement, while not referrring directly to non-medical therapeutic communities, does raise the issue of medical domination in the development of theory and practise:

".....the concept of the therapeutic community is seen to be "progressive" because it is ideologically opposed to "traditional psychiatry"...Were it not for the fact that objections can be raised about the necessity for a medical model of mental disorder and treatment, the equation of the "therapeutic community" with "progressive" (ie. good) psychiatry, would probably continue to be taken for granted. It would seem that the debate over which kinds of

approach are the most therapeutically viable does not go far enough. Since it is assumed that the care of the mentally disordered is a medical responsibility, it is only to be expected that the kinds of questions posed will reflect the traditions and the aspirations of medical science. But is it necessarily the case that change should be initiated by the medical fraternity?" (ibid p 351).

As the present study is concerned with communities which on the whole accept the medical framework for dealing with the mentally disordered, most prominence will be given in this chapter to the development of the therapeutic community within the "tradition and aspirations of medical science". Thompson's final question however and the issues he raises are part of the conceptual background to this project. In choosing to look at "negotiation" in the therapeutic community we will look not only at the issues concerning relationships and social organisation which are raised <u>within</u> the communities, but at how such issues are framed conceptually, the questions which are debated and perhaps most importantly those which are organised out of the arenas of negotiation. Thompson (1977) suggests that some psychiatrists are attempting to defuse the pressure from non-medical workers and social scientists by incorporating their insights into what some of them regard as "the tried and well-respected medical model". In other words they are oganising out of the debate the more fundamental questions about whether the medical profession <u>should</u> have sole legal responsibility for the treatment of the mentally disordered. If one of the more recent books by a sociologist on the subject of

mental health is a sign of the times (Miles 1981) then it seems that they are gaining allies from within the social sciences. Miles denounces roundly anyone from within or without the medical profession who has challenged the assumptions and power of psychiatrists as virtually condoning murder and suicide. Her own moral stance is clear when she endorses Barbara Wootton's comment that "...in the contemporary attitude towards anti-social behaviour, psychiatry and humanitarianism have marched hand in hand" (p 204).

While the present project does not seek to enter such a debate, the issues concerning power and social structure mentioned in the introductory chapter clearly involve consideration of the dominant conceptual framework within which the therapeutic community ideology is set.

The Therapeutic Community and the Mental Hospital

In tracing the influences and ideas which led to the development of the therapeutic community in the U.K., caution is needed in making causal links between very different socio-historical settings. Although modern commentators (eg. Sharp and Thompson) tend to trace the concept of the therapeutic community back as far as the first half of the 19th century, and the era of "moral management", the modern therapeutic community in its medical form began in the U.K. during the second world war.

It may be true as Rees (1957) says:

"...there is nothing new in the concepts of the open door and the therapeutic community. These modern trends in psychiatry are ... an indication of a return to what was best during the era of the moral treatment of the insane".

If however, the invention of the therapeutic community is treated only as part of the social history of ideas, in which, as Rees seems to suggest, certain ideas evolve in a directly causal fashion into new ideas; then this, provides a misleading account of the way that innovations such as the therapeutic community occur. This matter has been dealt with on several occasions at length by Manning (1975, 1976a, 1976b,) in relation specifically to the therapeutic community. As an innovation in social policy, Manning argues, the therapeutic community evolved not from a primarily theoretical impulse, but as a practical response to particular socio-historical conditions. The "medical" therapeutic community was, according to Manning (1976b) "invented" in two different places, unknown to each other during the second world war in Britain. Whilst acknowledging that the psychiatrists involved in the first experiments with therapeutic milieux were probably aware of the work of H.S. Sullivan and Myers in the United States in the 1930s, it was the high incidence of "breakdown" among soldiers in wartime which created the conditions for practical innovations. Intolerable anxiety and sometimes psychosis associated with the risks and conditions of battle became a problem for the military psychiatrists which could not be solved within the traditional pathological model of

mental illness. The psychiatrists who had to cope with the influx of shell-shocked, disintegrating people were.....

"... efficiently trained in the medical model of disease, had manfully diagnosed various kinds of personal breakdown in the soldiers sent to them... but they ran into a fact that was awkward for their medical model of personal illness. This fact was that some army units persistently had a higher incidence of breakdown than others, and the breakdowns seemed to be characteristic, both in and out of battle, not so much of the individual as of the ways certain units treated their soldiers" (Main 1981:52).

Main goes on to acknowledge that the first efforts to meet the needs of the new situation were (sometimes fumbling) practical efforts. The first Northfield experiment, which lasted 6 weeks (Bion and Rickman:1943) was a consciously designed research project, but Maxwell Jones' first attempts to design a therapeutic social mileu (Jones:1952) were largely intuitive, developed "without the aid (or perhaps the distractions) of a social scientific "weltanschaung"." (Manning:1976b). Research and development of theory followed shortly afterwards, and in Mannings view was crucial in gaining wider support for the ideas. But the impetus in establishing new techniques invariably came from the practitioners rather than the theorists. Sharp also notes that the order of events was that practical response to a changing situation led to theoretical justification:

"The flattening of the Effort Syndrome Unit by Maxwell Jones, however, was not so much to effect a principle as to make more amenable

the treatment of a condition. Only later does he develop a full rationale for a democratic structure." (1974:22).

In looking at the confusion concerning the definition of a therapeutic community what is important is not so much the theory developed to justify the innovation, but rather the regimes which different types of community were established to replace. The therapeutic community arose in the context of the particular historical moment at which what had preceded it became practically and morally unacceptable. Main (one of the "Northfield" group) when describing the attempt to use the hospital as a therapeutic institution wrote:

"The (second) Northfield Experiment is an attempt to use a hospital not as an organisation run by doctors in the interests of their own greater technical efficiency, but as a community with the immediate aim of full participation of all its members in its daily life and the eventual aim of the resocialisation of the neurotic individual for life in ordinary society. Ideally it has been conceived as a therapeutic setting with a spontaneous and emotionally structured (rather than medically dictated) organisation in which all staff and patients engage." (Main:1946:66).

One may speculate that in 1946 any form of dictatorship however well-meaning was particularly unacceptable, and that in the post-war ferment many forms of authority were questioned which had previously been an uncontraversial part of the established order. Self criticism and radical ideas only went so far at this time, however. Main was

himself a doctor, and it is clear from this exerpt that he is comparing one sort of hospital with another, rather than discussing a radically new theory about the treatment of social and emotional problems. In the course of developing a theoretical framework for what they have been doing, practitioners have cited and sometimes invited in academics - sociologists and psychologists - to investigate and formulate the central principles of their work, but never with the serious intention of asking whether or not the medical profession should have the central role in the treatment of mental disorders.

One should not therefore expect to pin down the concept of the therapeutic community to a single set of principles. Communities were set up in response to different forms of institutional practise by people seeking to reform their own profession, not to begin a social or ideological revolution. Theory and ideology were hammered out of the day to day reality of the psychiatrists working lives. The desire to extend concepts developed in the therapeutic commumnity into political consciousness (as in the writings of R.D. Laing or Lacan) or into a blue-print for social change (Maxwell Jones 1976, 1979) came much later. Most of the work in therapeutic communities has developed from the practical experience of the leaders. I refer to this theory as "practical ideology", and will return to the notion in a later chapter.

After the initial period of innovation by Jones and the Northfield Group, the therapeutic community as an approach to the treatment of mental illness gained wider support quite rapidly. Manning (1976b)

puts the period between innovation and gaining wider support as 5 or 6 years, and certainly from the early 1950's through to the mid 1960's "therapeutic communities" appeared in mental hospitals in significant numbers, and were sustained with various degress of success and commitment. Among the more ambitious projects in the U.K. were those at Claybury (Martin 1962) and Fulbourn (Clark 1964) where large parts of whole hospitals were developed into therapeutic communities in an attempt to improve the quality of treatment and also to bring the hospital administration and administrative staff to understand and co-operate in the creation of therapeutic milieux. Caine and Smail (1969) summarised the developments at this time - referring to: 1) the growing dissatisfaction with individual psychotherapy in terms of results and other problems; 2) the emphasis of neo-Freudians such as Fromm and Horney on interpersonal and cultural factors in neurotic illness; 3) recognition of the negative effects of institutionalisation; 4) the theoretical links made by Foulkes and others between psychotherapy and social scientific work on the social environment; and 5) the recognition of the importance of experimental learning in matters of human communication. Thompson (op. cit.) does not fundamentally disagree but uses a more sociological framework, and points to the importance of psycho-pharmacological research in containing behavioural problems, the changes in the status of mental patients after the 1930 and 1959 Acts which brought in voluntary admissions, and the shifts in treatment from custodial to "open door" policies in most hospitals in Britain and the U.S.A. from the early 1950's. Thompson notes that the shifts in attitude were reflected in

the W.H.O. report on Mental Health (1953) which confirmed trends towards treatment of the mentally disordered, rather than just containment. At this time too, work and leisure activities were developed with therapeutic intentions rather than just as time-fillers to assist over-stretched staff.

Both Thompson and Caine and Smail also point to the number of studies mainly by sociologists in the United States on the patient culture of hospitals and smaller units, which provided a mass of evidence about the effects of institutionalised practises, (Belknap 1956; Greenblatt, Levinson, and Williams 1957; Dunheim and Weinburg 1960; Goffman 1961;) and about the difficulties (particularly those concerning authority and communications) experienced in hospitals who were trying more "therapeutic" approaches (Stanton and Schwartz 1954; Greenblatt, York and Brown 1955; Caudill 1958; Cumming and Cumming 1964; and Strauss et al. 1964). These studies, drawing on American sociological/social psychological tradition, demonstrated in a way which was easily accessible to practitioners in the field, the unintended consequences of everyday routines and of the way the staff went about their business. From these researches, mostly designed to assist professionals in working out better ways of running institutions, came the sense that a radical approach towards integrating administration and therapy was required. To many the therapeutic community seemed to be the answer, and the innovators in the U.K. took comfort and satisfaction from what they saw as vindication of their new institutions from academic sources.

Sociotherapy v Psychotherapy

The simultaneous developments at Northfield by Tom Main and others and at the Military Neurosis Unit at Mill Hill by Maxwell Jones led according to Whitely and Gordon (1979) to two clearly differing approaches towards the therapeutic community in the U.K. during the 1950's and 60's. Whitely and Gordon trace (pp. 106-111) the differing emphasis on personal integration and on social adjustment in later therapeutic communities back to differences between predominantly psychoanalytic background of Bion, Foulkes and Main at Northfield and the more "medically" orientated background of Jones. For the latter the emphasis of treatment was clearly "a single therapeutic goal, namely the adjustment of the individual to social and work conditions outside without any ambitious psycho-therapeutic programme" (Jones 1956.)

This emphasis has developed in the work of Jones in the U.K. from the Mill Hill unit through to the Henderson Hospital and to Dingleton in Scotland where he conducted an amibitious experiment in taking psychiatry to the surrounding community of a large mental hospital.

For Foulkes by contrast the work at Northfield was "essentially analytical" (Foulkes and Anthony 1957) The role of the therapist was not primarily to lead as in the Maxwell Jones' model but to interpret behaviour and faciliate the resolution of problems. In practise the

advice offered could be quite directive but the focus was always on:

"the socialisation of neurotic drives, their modification by social demands within a real setting, the ego-strengthening, the increased capacity for sincere and easy social relationships, and the socialisation of super-ego demands to provide the individual with a capacity and a technique for stable life in a real role in the real world" (Main 1946.)

This focus upon the inner person rather than adjustment to the demands of an external reality was carried over into the treatment of neurotic disorders at hospitals like the Cassel Hospital and the Ingerbourne Centre. Crockett (1960) defined this model of operation as a "psychotherapeutic community".

Later commentators have taken up this difference in emphasis between communities which operate primarily towards personal integration and those which have social rehabilitation as a main goal.

Cumming (1969) and Edelson (1970) proposed distinctions which are not disimilar from each other and relate to the main treatment orientation of the community. Cumming, using the terminology of ego-theory, argues that different therapeutic strategies work on different ego functions. What she calls the "therapeutic community approach" refers to programmes which work on the "synthetic" functions of the ego, through the "use of group techniques to help the patient to understand and control his own emotional impasses". In this approach

to treatment there is emphasis on the flattening of the authority structure, the blurring of roles and an egalitarian value system. In what she calls mileu therapy strategies are used which work predominantly on the "executive" functions of the ego, by developing specific skills and social and instrumental competence. In this approach delegation of authority is essential, but flattening of the structure need not occur. Cumming does however believe that the ego is holistic.

Edelson (1970) makes a similar distinction but proposes a different terminology. He makes the distinction between psychotherapy which he sees as directed at the internal state of the patient, and sociotherapy which aims at enabling the patient to adapt to the social situation in which he is placed. Like Rapoport a decade earlier, and, while acknowledging that the therapeutic community inevitably tackles both aspects of treatment, Edelson proposes that practitioners keep the distinction in mind, and argues that when psychotherapy intrudes into a sociotherapy session the results can be confusing and harmful.

The Systematisation of Therapeutic Community Principles

The first excitement of innovation in the 1950's produced a number of accounts by practitioners about the establishment of therapeutic communities (eg. Clark 1964. Martin 1962.) and one major study. This was by Rapoport (1960) at the Belmont Social Rehabilitation Unit and it remains the only major published sociological study of a therapeutic

community in the U.K. According to Caine and Smail (1969) despite some obvious theoretical limitations (pointed out in some detail by Sharp 1975.) Rapoport has come closer than anyone else to formulating a set of principles which have gained wide acceptance as being characteristic of all hospital therapeutic communities.

Having interviewed participants and observed the community over an extended period Rapoport produced the following formulation of the ideology:

- the total social organisation in which the patient is involved - and not only the relationship with the doctor - is seen as affecting the therapeutic outcome.
- the social organisation is not regarded as routinised background to treatment, but as a vital force, useful for creating a milieu that will maximise therapeutic effects.
- the core element in such an institutional context is the provision of opportunities for patients to take an active part in the affairs of the institution.
- all relationships within the hospital are regarded as potentially therapeutic.
- the emotional climate of the institution is accorded significance and warmth and acceptance are in general regarded as helpful.
- a high value is placed upon communication per se, for its morale building and therapeutic effect on staff as well as patients (1960:22).

Rapoport also refers to four themes which are of major ideological significance to staff - democratisation, communalism, permissiveness, and reality confrontation. The exact meaning of these slogans is specific to the institutions, and Rapoport describes at some length the difficulties contradictions and qualifications which the staff indicated in their replies to the value questionaire he administered. "Democratisation" for instance is not to be equated with political democracy, and "permissiveness" certainly does not imply sexual license. The terms can best be understood in relation to the changing forms of social organisation and social control in the conventional mental hospital at the time (Rapoport 1960:). Thus democratisation refers to the desirability of patients and staff participating in some degree in decision-making in the unit, rather than having decisions imposed on them as "doctors orders". The rationale for this was that patients negative feelings towards authority should be defused, and their own talents for helping each other, for leadership and for creativity stimulated. Communalism does not mean that staff and patients should live together in a commune, but rather that staff should participate with patients in domestic tasks, meals and leisure activities, so that the therapeutic potential of all aspects of life could be utilized. Thus the division of labour in a conventional hospital - its heirarchy of tasks and grades of worker with the patient either passive or allowed to help only with the most menial taks - is broken down to a certain degree. (Theoretically a patient could be helping a consultant to clean the toilets!). Permissiveness simply

means the toleration of a greater degree of behavioural license than in most mental hospitals before physical or chemical restraint is applied. Reality Confrontation refers to the belief that patients should be continuously presented with interpretations and the consequences of their behaviour as they are seen by others in the community. Reality is partly negotiated within the group, and partly a conscious attempt to confront patients with the social attitudes and conditions they will meet outside the community.

The lack of precision and definitional clarity about these principles was not regarded by the staff as unhelpful or anti-therapeutic, quite the reverse. It was the continuous discussion about how far someone should be allowed to transgress before the community stepped in to set limits, who should make decisions, and above all about the quality of committment to the community and the therapeutic process which was seen as maintaining the psychic and dynamic life of the community. Rapoport however pointed to the dangers both of the presentation of middle-class values of the staff as "reality" for patients from other social backgrounds, and of the failure by the staff to distinguish between the specific aims of treatment. These were presented by Rapoport as "the alteration of the individual personality towards better intra-psychic integration" and "the fitting of a particular personality to the demands of an ongoing social system" (1960:28) i.e. treatment vs. rehabilitation.

It will be noted that Rapoport picked up this theme at an early

stage in the development of the therapeutic community.

Later developments did not modify significantly Rapoport's formulations. New communities were set up in the 1960's and early 1970's but they did not always conform to what the original innovators saw as the essential principles of the therapeutic community.

By 1964 Clark could write that the term therapeutic community which once had "so much currency, has now been almost rubbed smooth of meaning". In order to prevent a dilution of what he saw as the original ideas, and to reinstate a concept which had become little more than a slogan, he proposed a distinction between the "therapeutic community approach", which would include all the institutions which borrowed elements from the innovators, but for one reason and another had not made a full commitment to that form of treatment; and the "therapeutic community proper". The latter he claimed had the following characteristics:

1) in size not more than 100 persons, small enough for everyone to be involved with everyone else;
2) holding regular meetings of the total community;
3) adhering to a philosophy that an individuals difficulties were mostly in relation to other people and capable of resolution through discussion;
4) continuous analysis of the social events of the unit;
5) an improvement in the flow of communications;
6) a flattening of the authority pyramid;

7) the provision of constant protected situations in which patients could try out new ways of coping with difficulties;
8) the constant examination of roles and behaviour among both patients and staff in order to function more effectively.

At this time too R.D. Laing influenced by existentialist philosophy and the liberal trends of the 1960's began advocating a form of community which rejected wholly the authority of the psychiatrists as trained medical practitioners, and also the conventional view of mental problems as illness. This development will be considered in the section on the therapeutic community outside the hospital.

In this section the development of the therapeutic community has been reviewed and from this has emerged a prevailing ideology, despite the differences between settings and the theoretical backgrounds of practitioners. The therapeutic community has provoked strong feelings both inside and outside the medical profession and in the next section the influence of the therapeutic community in present day psychiatry and social work with the mentally ill will be discussed.

The Influence of the Therapeutic Community in the Treatment of the Mentally Ill

Since the 1960's the therapeutic community has according to Manning had a declining influence on hospital practise in the treatment of mental disorder (1975, 1976b). In proposing a three stage model for the life-span of a social policy innovation, he argues that the move

from wider support (stage 2) to widespread routinised application (stage 3) became slowed down and has in fact never really happened in the case of the therapeutic community. The factors involved in this according to Manning are:

1) the non-availability of the extra resources required for running a therapeutic milieu, in terms of staff time, skill and facilities;
2) the scepticism of the medical establishment towards a method which is in their terms unproven i.e. by controlled studies of success and failure rates;
3) the antipathy of professionals towards a culture which gives so much priority to the examination and modification of institutionalised power-relationships and to self-criticism.

Manning points out that the slowing down of the development stages coincided with a decline in interest in research among practitioners and the abandoning of attempts to evaluate their own methods.

The situation as regards the hospital-based therapeutic community has not changed greatly since Manning and Thompson were writing in the mid 1970's. There is evidence to suggest that those working in these communities in the U.K. are becoming slightly more outward-looking and are making efforts to share ideas and information with workers in other countries - particularly Holland and the United States, and to a certain extent with non-medical workers in related fields. But for all their internationalism there is little sign that the therapeutic

community has become more accepted within the hospital, and with the withdrawal of funds from the N.H.S. even well-established communities are under threat of closure. The hospital community which was the subject of the present study is in many ways typical of a number of others, isolated in a large decaying mental hospital, and unable to find the resources or the impetus to improve its position or try for independence.

Although it is not the purpose of this study to go into the current predicament of the hospital community, there is no doubt that (ironically) the therapeutic community within the hospital has been subject to the same decline as those institutions which the innovators of the 1950's were trying to reform. The 1959 Mental Health Act was at least as much about emptying mental hospitals as it was about reforming them.

"For those for whom there is hope of recovery the object is to return them to a supportive environment sooner than was usual in the past.... For those who cannot live with their own relatives, it is considered more appropriate to provide residential homes in towns and villages, with as many of the residents as possible working in normal employment".

(H.M. S. O. Cmd. Para 601 1957)

The large Victorian mental hospitals have been run down, and are now functioning as what one worker at the hospital in the research described as "psycho-geriatric dustbins". The therapeutic communities

have survived, where they have survived, as specialised units which deal with comparatively young clients with "curable" personality disorders, depressive illnesses or neurotic disorders. As such they are frequently viewed with suspicion and sometimes overt hostility by the larger institutions of which they are a part.

The Influence of the Therapeutic Community Outside the Hospital - The Halfway House

Earlier in this chapter we indicated that the two communities which formed the focus of this study both accepted a medical framework as appropriate to the treatment of the mentally disordered. This needs some further explanation at this point. Leaving aside specialised communities for addicts ("concept houses") which began essentially as self-help groups and have become incorporated in this country into various different sectors of the welfare state (Rosenthal 1980); and the communities for adolescents, which, as has already been noted, followed a different (and much longer) tradition in progressive educational thought; there have been two main lines of development of therapeutic communities outside the hospital. Practitioners of both these models are opposed to certain aspects of traditional hospital psychiatric practise, and would claim to reject the "medical model". In saying this however, they would in fact mean very different things.

The two models referred to are the "half-way houses" and what Sharp refers to as the "Laing-Cooper model" (1974:22) after its main founders and theorists. Although there are variants within each

model it is possible to make some general statements about the theoretical basis of each in relation to the conventional medical model of mental disorder. When workers in a hospital therapeutic community say they reject the "medical model" they mean that they are rejecting the conventional organisation and treatment orientation of modern psychiatry. They may even reject the notion of mental disorder as "illness", referring to "problems with relationships", but they do not call into question the psychological deficiences of the individuals they "treat", and they are quite likely to refer to them as "patients". As Thompson (1977) suggests, the Freudian or neo-Freudian basis of therapeutic community treatment has implicit within it the "illness" or pathology of the disordered individual. What workers in the hospital therapeutic community do not reject is the right or desirability of those who are trained as doctors and nurses to form the core staff of the community.

The half-way house as its name implies is not associated directly with the medical profession and may be staffed partly or as a whole by non-medical personnel. The name does imply however that the community is "half-way" between mental hospitals and the wider community with primarily a rehabilitative function. Jansen (1981) explores this when describing her initial difficulties in starting up a community outside the hospital. One of the main problems was obtaining legitimisation by the health authorities and local government for a non-medical therapeutic community, and at the same time "formulating a new model of care which was not based on a psychiatric premise, (whilst recognising

the proper role of psychiatry in treatment". The half-way house is almost inevitably tied into the conventional framework of psychiatry by virtue not only of the need for legitimisation to obtain referrals and therefore remain financially viable, but also because the psychiatrist is the person legally able to supply drugs or impose a return to hospital if staff feel that a clients behaviour has become unmanageable.

Sharp found that the staff in the half-way house he studied were sceptical of the treatment provided by hospital psychiatrists however, (1975) and that they felt they were being forced into a treatment role by the inadequacies of the hospitals. The half-way house may therefore be ideologically opposed to the "medical model" in that it rejects the notion that clients must be cared for by medically trained staff, but attitudes towards the medical profession may be ambivalent. On the one hand legitimisation may require that the half-way house define its task as primarily rehabilitative and therefore <u>complementary</u> rather than alternative to the treatment offered by the psychiatrist, and may also require the psychiatrist to assist in the management of difficult clients. On the other hand staff may be ideologically opposed to the treatment offered by psychiatrists and may see themselves (reluctantly or otherwise) as offering better or more appropriate treatment.

Like the hospital therapeutic community the halfway house therapeutic community is likley to incorporate within its treatment ideology a Freudian or neo-Freudian view of individual development and

individual pathology, and therefore never be far from the concept of mental disorder as "illness".

"Freudian theory has become the cornerstone of psychological understanding as applied within most personal therapeutic systems including the therapeutic community.... The Richmond Fellowship (a medium sized voluntary organisation which runs a group of about 40 halfway house thearapetuic communities) whilst eclectic in its approach, bases its view of individual development mainly on Freudian and post-Freudian theory; thus residents in one-to-one counselling are able in some measure to satisfy and also to explore their need for a parental figure, whilst receiving encouragement to relate on a peer basis and to extend their range of relationships within and outside the community." (Jansen:1981:26).

The implicit reference to the "transference" relationship in this passage indicates that "treatment" in a psycho-analysic sense is latent within the ideology, to be used at the discretion of staff.

The Laing-Cooper model of a therapeutic community also rejects the medical model, but in a more thorough-going way than either of the other models described so far. This in spite of the fact that its main innovators and advocates trained as psychiatrists. As with Maxwell Jones and his followers Laing and Cooper are vehemently opposed to traditional psychiatric training, but from a philosophically existentialist perspective, rather than in the spirit of liberal humanism. They therefore not only reject the ideology and organisation

of conventional psychiatry, but have replaced the pathological individual with the pathological family sustained by a pathological culture. Sedgewick (1971) traces Laings theoretical move away from locating psychosis solely within the individual.

The Laing-Cooper therapeutic communities, of which Kingsley Hall was the prototype, are self-consciously outside all institutional structure, aiming to provide literally "asylums" where people can live through and explore psychosis in a social environment which gives support and acceptance, and also tolerates a high level of non-conformity. Psychosis is seen by Laing not as an illness but a coherent response to impossible social relationships, a journey towards renewal and integration of the personality (Berke 1981). When writing about Kingsley Hall Berke dismisses as irrelevant the question of whether or not it succeeded. In his terms success could not involve "cure" because that would imply illness; and social adjustment or rehabilitation would be realignment with a fundamentally sick culture, i.e. late 20th century capitalism. This sort of rejection, not only of traditional medical evaluative methods, but also of the idea that there are any criteria by which success or failure in therapeutic communities can be measured is seen by many as a serious weakness in the case for general acceptance of the idea. Even those committed to the therapeutic community idea have had some harsh words to say about the Laing-Cooper model. Jansen (1981) criticises Kingsley Hall precisely because it put no value on self-adjustment, and for its lack of boundaries which she regards as confusing and potentially dangerous for

those already out of touch with reality. Clare (1976) criticises the view of the nuclear family as the seed bed of mental disorder, as being at best unproven and at worst damaging to parents and other close relatives who may already feel intense guilt and sadness at having a schizophrenic in the family.

Followers of Laing find support for their critique of traditional psychiatry in the work of radical psychiatrists like Szaz who has called into question not only the concept of mental disorder as "illness", but has consistently attacked the alliance between the state legal system and the medical profession in the treatment of those who become disordered. (The Myth of Mental Illness 1961). They also find theoretical support in the work of the so-called labelling theorists. Scheff (1966) suggests that mental illness is not a disorder of the individual sufferer, but a construct created by societal response to certain kinds of residual deviance. Berke takes this notion and adds a sense of outrage and injustice:

"We completely reject the medical model, and we feel that it is a theoretical construct, imposed upon most emotional sufferers, who for historical reasons suffer an injustice in both the experience itself and the social environment - other people who give the label of mental illness." (1981:95).

Despite the undoubted impact of Laing's work on medical and non-medical thinking about schizophrenic disorders, therapeutic communities based on the Laing-Cooper model have never increased to any

significant extent in the United Kingdom. The therapeutic community as a halfway house in Britain has become identified almost totally with one organisation - the Richmond Fellowship - and its founder Elly Jansen (Jansen 1981). In 1959 Jansen abandoned a career in missionary work to rent a house for ex-mental patients, in Richmond. She advertised in the local mental hospitals for people to join the community and from that first house has evolved a network of about 40 therapeutic communities situated in various parts of the U.K.

The fact that only one organisation has developed therapeutic community half-way houses in a major way, does seem to indicate that outside the hospital, (as well as inside) the therapeutic community has not yet become established as a major contribution to the rehabilitation of the recovering mentally ill. The population of such a therapeutic community, as will later be confirmed in the present study, is biased towards the articulate white, middle classes, and there is a tendency to regard the method as only suitable for a limited part of the total population of the mentally disordered. As Jansen points out however, the idea of caring for the mentally ill in the community at all, has been very slow to catch on.

She summarises the present state of affairs with regard to community care thus:

"The stage was set (after the Mental Health Acts in the U.K. and the U.S.A. - 1959 and 1963 resp.) both in the U.K. and the States for a major re-orientation in health care; the reality has been a major

reduction in the mental hospital population, unaccompanied by a corresponding increase in community resources". (1980:16).

Jansen in the same book identifies the following obstacles to adequate community care and to therapeutic communities in particular:

1) Lack of funding - community care was actually implemented at a point when it seemed convenient to policy-makers to find a way out of the huge expenses of maintaining, improving or replacing the mental hospitals.

2) The legacy of the mental hospitals. The mental hospitals still function anyway to cope with the number who need long term hospitalisation and they retain those who could manage in the community because of the lack of adequate provision in the community. As long as staff can rationalise the situation as being temporary - pending reform - then the presence of younger less chronic patients "leavens" the population of increasingly elderly and severly disabled chronic patients.

3) The persistence of the medical model - partly due to the discovery of phenothiazines which reinforced the notion of mental disorder as illness, but mainly because of the strong investment from both professional and laypeople in its retention.

4) The cost of provision - good community care did not turn out to be a cheap option because of the high levels of staffing required. Non-medical organisations found it hard to establish sufficient credibility to attract funding and some

therapeutic communities actually attracted negative attention because of their poor performance in maintaining standards of care.

5) The continuing social stigma associated with mental disorder which is reinforced by the notion of the sufferers having a pathological condition with a "diagnosis".

6) The resistances in the wider community to social integration of disturbed people. (1981:249ff).

The "Care in the Community" policy of the 1980's has if anything made the situation for the mentally ill outside the hospital even worse. The impending closure of many large hospitals has provoked a rash of hastily drawn up schemes which are underfinanced and which in the view of some, (Furlong 1984) create the risk of widespread homelessness among the former inhabitants of these hospitals. Against this background the future for the therapeutic community outside the hospital must be in some doubt.

Summary

We have in this chapter examined briefly the concept of the therapeutic community, its development through years of optimism, and its current position in the spectrum of care for the mentally disordered both inside and outside the hospital.

We have suggested that in the early years a great deal of enthusiasm was generated by the liberal - humanistic response to mental

institutions and the development of theory and practise which challenged in some cases very radically, widely held assumptions about the aetiology and treatment of mental disorder. We have noted however that the concept of the therapeutic community has never achieved either definitional clarity, nor widespread acceptance as part of the national provision for the mentally disordered. The hold which the medical model and the medical profession has on the diagnosis and treatment of mental disorder is largely undiminished, and most therapeutic communities are in one way or another tied into a system of mental health care which barely tolerates them. There is little optimism to be found in therapeutic communities these days and the overall picture is not one of creativity and expansion, but of struggle to hold a corner in a period of contracting resources. The "Care in the Community" initiative (DHSS consultative document 1981, and circulars HC(83)6, LAC(83)5) has done little to alter the situation, since it is not underpinned by secure funding at a local level.

This is the ideological and political context to the present study, and the picture that is presented of the two communities on which it focusses must be seen in the light of their being institutions under threat, on the defensive. However both communities are survivors, they are not part of a "mushroom" development which flourished in a brief dawn and then decayed. Both had been in existance for 10 or more years and both had a long-established, if not always secure, relationship with the larger organisations to which they belonged. These organisations themselves however, (the mental hospital

and the voluntary organisation) were not finding life all that easy. The hospital was described by a consultant peripherally involved in the therapeutic community but very involved in the problems of the hospital as:

"...and ancient institution that for various reasons has come to a disasterous loss of confidence in itself. Its purpose is confused and unsatisfying for a large proportion of its staff and there is a pervading insecurity and confusion that reaches from the power vacuum at the top to the strike happy unions at the bottom".

The voluntary organisation's preoccupation with falling occupancy was sufficient testimony to the difficulties the organisation faced in a period of contracting public resources.

Not all social policy forcasts have been so pessimistic for those working in therapeutic communities however. Manning while stating that

"...the influence of the therapeutic community has declined since the late 1950's..."; nevertheless points to an increased degree of realism in the communities and predicts a continuing "modest role" among residential institutions for certain kinds of problems. (Manning 1976c).

CHAPTER 2

THE COMMUNITY MEETING AND THE MANAGEMENT OF CONFLICT

THEORY AND PRACTISE

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THEORY AND PRACTISE

When beginning a critical analysis of the functioning of the therapeutic community it is difficult to know the point at which to start. The ideology has been discussed in the previous chapter and certain key issues have emerged as points of disagreement. By the nature of the institution the differing views of the participants and the theoretical frameworks in which they operate are continuously present in the life of the therapeutic community. The analysis will therefore concentrate upon internal conflicts, partly because in themselves they import into the process of the community the alternative world views of the residents and staff; and partly because the area in which the conflicts are most obviously played out - the community meeting - is the single feature which is universal to institutions which call themselves therapeutic communities.

The Community Meeting and the Management of Conflict

This chapter will examine internal conflicts which arise within therapeutic communities, the means by which they are or are not managed, and the theoretical models which have been developed to account for these processes.

If there is one feature of the therapeutic community which can be said to be typical of its social organisation, and central to the theorising and rhetoric which are used to distinguish the concept from other forms of medical and psychological treatment, it is the community

meeting. The community meeting is the main talk shop in what is mostly talk therapy; it is the forum in which all members meet; and it is the arena where, if anywhere, the democratic process of the community is on display. Clark (1964:46) puts the community meeting at the centre of all the processes which distinguish the therapeutic community from a mental hospital, (ie. freeing of communications, analysis of all events, provision of learning experiences, role examination, flattening of the authority pryamid):

"This is the main forum for all these processes and is often considered the main characteristic of the therapeutic community. Regularly, preferably daily, all members of the community assemble, usually for an hour. All matters of general concern are discussed. The general pattern is of great informality; anyone is free to speak and the less direction by nurse or doctor the better. Emotional interactions are valuable, though therapeutic communities containing violent people have found aggression should remain verbal and that open violence is seldom therapeutic.

A staff meeting follows the community meeting. This is essential to allow staff to work through the material and their own aroused feelings and also to work out policy problems."

The last sentence would seem to suggest that a particular sort of staff meeting is also characteristic of the therapeutic community, but this is referred to far less frequently than the community meeting in the "practitioner literature". The relationship between the staff meeting and the community meeting is central to the present study, and we will deal with the literature more fully later.

Whitely and Gordon (1979) agree about the community meetings' importance:

"The daily large group meeting is the keystone of the therapeutic community" (P131).

Grunburg (1979) considers that:

"...the large group is the most significant event in the therapeutic community, all other groups and activities being seen only as lateral outcroppings of the large group." (P253).

Given the degree of importance ascribed to this meeting in the literature it is perhaps here that we should look for a measure of agreement about the theory and the task. Not so, according to Whitely and Gordon, who note that there is still considerable doubt about how the community meeting should be run, and much disagreement about the most appropriate theoretical model for describing how it functions.

For convenience we will divide our discussion of the theory of the community meeting into two parts - that which has been developed by people who are mainly social scientists and that which emanates from practitioners in therapeutic communities. We shall begin, as most discussions about the therapeutic community must, with Rapoport (1960), whose statements about community meetings have never found much favour with practitioners, despite evidence that a significant proportion of the members of the community he studied agreed with him.

For Rapoport the community meeting resembled group therapy on a huge scale. He suggested an analogy with the "intimate public confessionals" of religious sects like the Buchmanites (Oxford Group)

and the Quakers which stress (apparently) leaderless confessionals. It was not however seen as primarily a "treatment" group by either staff or patients, although treatment did occur - Rapoport does not explain how. He writes:

"...the <u>principal</u> (emphasis in original) aims of community meetings are those of social control." (pp 92/3).

Rapoport found that much of the time of the meeting was taken up with collecting information, particularly about deviant behaviour and breaches of the unit's rules. Patients tended to see the community meeting as a punitive session and compared it with a criminal court. Staff agreed that it was judgemental, but not punitive. The judgement was made about "reality" and the unintended effects of pointing this out - shame, guilt, humiliation - could potentially be mobilised for learning. Whatever the educative or rehabilitative effects, for the staff the meeting "fulfilled functions necessary for system maintenance". Without this apparatus of control the staff could not be sufficiently assured about the consequences of permissiveness and democratisation to carry on without excessive anxiety.

Rapoport does seem to accept the staff view of the meeting as non-punitive, benign social control, though he does produce evidence which indicates that the patients did not see it in the same light. In his "value" questionnaire Rapoport found that although the staff saw the community meeting as of central importance, the patients did not, and indeed had strong negative feelings about it. This finding he maintains is consistent with his suggestion that the meetings are primarily about social control:

"...a type of transaction, understandably unpopular among patients in the unit, while indispensable to staff". (p97). It seems that Rapoport's functionalist model of social systems has here led him into a contradiction. Why should it be understandable that patients should have strong negative feelings towards community meetings, if as he seems to accept through most of the book, the community is run on the basis of shared power and aims between the staff and client groups.

Rapoport's value questionnaire was repeated in the same community by Manning (1976b), who found not only that the patients continued to rate the community meeting low on their lists, but that the staff increasingly valued the small psychotherapy groups more highly. Manning accounts for this gulf between received wisdom and practical ideology, by looking at the "normative beliefs" that develop as a result of staffing structure. The senior staff tend to value the psychotherapy more highly as it is the area in which they are skilled, and this creates a climate in which skillful interpretations of psychodynamics are seen as desirable in the acquisition of staff status. His conclusion, however, does not indicate that the community meeting is considered irrelevant by staff, just that its purpose is limited. Despite the successful socialisation of staff into ideal treatment values, Manning's assessment of what happens indicates that: "the staff depends heavily on a) group psychotherapy for treatment and b) the community meeting to maintain social control".

Other empirical studies have looked at the connections between community (and ward) meetings and deviant/delinquent behaviour. Miles (1969b) found from her empirical work that collective decision-making

was the best way of dealing with deviant behaviour. Marolin (1967) found that ward meetings were a major factor in establishing a less delinquent culture. Trauer (1974) however, found that there was a more direct relationship between community meeting variables and high tension on the ward than with deviant behaviour. This latter finding shifts the emphasis away from social control towards viewing the meeting as influencing the mood of the community, and providing an outlet for stress, though discussions will certainly influence which behaviours are defined as deviant. This idea of mood or atmosphere has been explored in a number of studies. Roberts (1960) writes that "...the atmosphere of the ward is clearly reflected in the meetings and conversely the climate of the meetings helps determine the atmosphere of the ward". (p136).

Arising out of "ecological" approaches to the study of human environments the work of R.H. Moos and his associates is interesting in that he has developed scales for measuring the qualities of behavioural settings, relating behaviour to both individual characteristics and to the "press" of the social and physical environment. (Moos 1975,1976). As much of his early work was done on psychiatric wards, his Ward Atmosphere Scale is appealing to those who wish to do empirical research in therpapeutic communities. In Moos' own work in therapeutic communities he found that positive attitudes towards community meetings were found among clients who were generally more accepting of hospitalisation and patienthood. Moos & Daniel (1967) found that among staff it was the senior staff who were most positive towards community meetings, and the students who were least positive.

Daniels & Rubens (1968) studied one month of community meetings which were more concerned with behaviour and with practical issues than with psychotherapy. They found that the relationship between treatment outcome and positive attitudes towards community meetings was weak, and that staff in general felt better disposed towards them than the patients. They also found that what was considered by the staff to be a favourable treatment outcome was associated with participation in community meetings, but that this did not apparently influence favourably the patient's long-term prospects. The implication of this seems to be that community meetings are influential in socialising people into particular behavioural settings, but that their influence on long term behaviour is more doubtful.

Roberts (1960) suggests that community meetings both reflect and act upon the social atmosphere, producing an emotional climate where uncontrolled behaviour is more or less likely. The evidence from Manning and Moos however, that subgroup membership is an important factor in determining attitude towards meetings, does provide a hint that power struggles tend to get lost in studies of behaviour which are dependent on assessments by the membership of one subgroup of the behaviour of other subgroups within the same organisation. Currey (1967) in a critical analysis and review of the literature on large groups goes as far as to say that neither psychotherapy nor effective social control can take place in large groups because of the ease with which individuals can make a superficial adjustment to the norms of socially acceptable 'appropriate behaviour'.

While not taking such an extreme position it is argued here that many studies are limited by the latent assumption that, as in other

group therapies, community meetings act upon people as groups or individuals to bring about changes in behaviour or outlook through participation in the exploration of ideas and the consequences of particular actions. This view is regarded as naive because it assumes that the rules of the community meeting game are played out according to the rhetoric of the staff. Although there must be moments of exploration and insight, and also powerful moments of affirmation and longing to belong (quasi-religious experiences) we would suggest that both staff and clients may routinely act from prepared positions, and behave self-consciously to protect and promote their own interests.

This view of the participants in community meetings as selfconscious agents acting individually and collectively to further their self-defined interests is not inconsistent with many of the findings in the empirical work that has been done, but it is an aspect which has been given little prominence.

Even less prominence has been given to the formation of alliances and interest groups within meetings, and to the preparation and reviewing of strategy before and after. We would suggest that subgrouping may account for the appearance noted by Berne (1966) that large groups divide into performers and audience. Individuals may frequently act through representatives of their subgroup, and content themselves with non-verbal signals or short supportive interventions. We will show later that staff are particularly prone to do this, and it has been noticed by a number of researchers (including Trauer) that staff very infrequently address each other in meetings.

It is in some ways surprising that the work of social scientists in therapeutic communities should be so firmly located within a

conventional psychiatric framework which concentrates upon the construction and maintenance of social order only in relation to its "treatment" value. It is less surprising that practitioners should develop theory which equates certain forms of individual and group behaviour with "health". Theory which acknowledges and legitimates subgroups interests in a conflict model of social order, might undermine the liberal-democratic ideology to which most of them subscribe. In the next section we will examine the practitioner literature to see how they deal with the community meeting within their model of therapeutic community functioning.

The View of the Practitioner

Practitioners rarely refer to the community meeting in terms of social control, preferring to talk about "social learning" (Jones 1956); and "the understanding of social processes and resolving social conflict situations in ways which promote learning" (Edelson 1970). Springman (1970) sees the community meeting as a mode of treatment and psychotherapy, though this is not a claim made by many in therapeutic communities.

More recently Hinshelwood (1978) and Hinshelwood and Grunberg (1979) have developed an analogy of the community meeting as an expression of the state of health of the "community personality". Drawing on the work, Bion and the Kleinian theory of object relations as developed in work with large groups (particularly at the Tavistock Institute of Human Relations) they treat the community meeting as a single "holistic" entity analogous to a human infant who exhibits primitive defensive repsonses to anxiety and depression by "splitting"

its world into good and bad parental figures, and evolving fantasies (collective in the case of the group) about the shape of the social world - known as "basic assumptions", (the term is Bion's). The "basic assumption" activity is unconscious on the part of the group, and the task of the leadership is to bring these fantasies into consciousness so that the group can work out a realistic perspective and perform its task.

This is just one of a number of psycho-dynamic models of group functioning but it is one which has received quite a lot of attention from practitioners. Others are in the work of Ezriel (1950) who postulated a "common group tension"-the accumulation of individual defensive projections of group members onto the therapist or leader, who interprets them back both to the group and to individuals. Another is "Focal Conflict Theory" (Whitaker and Leiberman 1965) in which the preoccupations of the individuals in the group "free associate" into a structure - The Disturbing Motive - the shared wish or impulse of the group. This in turn engenders Reactive Fear - the shared unconscious fears that the unacknowledged wish will or will not come to pass. This is the Focal Conflict and it is the leaders task to help identify this conflict so that solutions can be floated within the group. Solutions are of two kinds - <u>restrictive</u> and <u>enabling</u>. Restrictive solutions may allay temporarily the fears, but do not allow resolution of the focal conflict. Enabling solutions on the other hand deal creatively with the full dimensions of the conflict, allowing both the disturbing motive and the reactive fears to be explored.

Although both the holistic model proposed by Hinshelwood and the models proposed by Ezriel and by Whitaker and Lieberman are useful

practical models for management purposes, i.e. they provide practitioners with ways of analysing group process which enable them to achieve the outcome they desire from meetings; as sociological tools they are inadequate and indeed misleading. Misleading because in a subtle way they encourage the observer to see what is happening in a very partial way. The induction of groups into "psycho-analytic" conceptual frame-works is itself a form of social control, in which the essential differences between staff and clients (and sub-groups of each) in terms of aims, perception and power to influence what happens is not held in focus as a routine feature of daily life. The assumption behind such thinking is that there is within the communities a fundamental unity of purpose subverted by unconscious processes and unhealthy or indeed pathological sub-grouping. In this way the latent presumption of the pathological unconscious which permeated Freud and the post-Freudians - the demon in the mind which has overwhelmed clients and may do so to staff if they are not vigilant - is preserved despite the democratisation. The medical model thus remains in the ascendent.

Two short illustrations from the practitioner literature will support the point. In an article entitled "Thinking and the development of structure in a community group" (1979), Grunberg describes a situation in which the community meeting seems disabled by a split between staff and clients. The meeting was very flat, a formal affair in which most of the talking was done by the staff and senior residents. By contrast the staff meeting which followed was lively and sophisticated. The staff concluded using the model of the "community personality" that a split had occurred between the feeling and the thinking parts of the community personality, so in order to heal the split and restore psychic health, the meeting after the community meeting was opened to all to

reflect on the dynamics of the preceding group. This move was apparently successful and the model therefore confirmed its utility as a management tool. In the same book as Grunberg's article is another by a client at the same community describing the same events in strikingly different terms. Crozier (1979) presents the move towards an open staff meeting as having arisen from pressure among the clients (patients) to prevent the staff discussing them behind their backs.

"We were concerned about what the staff might be saying about us and felt we were being torn apart, or perhaps we were not important enough to be discussed at all". (P264).

Crozier clearly feels that the move towards the open staff meeting was forced against the wishes of the staff, and that there was considerable pressure being exerted. The patients carried the day because of their voting power, but interestingly this was not a prelude to revolution. The staff did continue with a closed meeting for themselves, apparently with the blessing of the patients.

"Patients were aware of needing a different way of seeing things, and although in this matter we wanted the open meeting in spite of the staffs' opposition, nevertheless we tried to alleviate some of the stresses of the situation... Maybe the staff needed extra time alone upstairs to discuss the problems in the operation of the meetings." Crozier (op. cit. P266).

It is interesting to note that once the patient group has recognised the power struggles in the meetings and taken steps to restore the balance of power they begin to see the staff group as potentially disabled and in need of support.

The other illustration comes from Dealing with Deviants (Whitely, Briggs and Turner) 1972. The title may be seen at first glance as a frank statement of the objectives of the communities described, but in fact the book is a restatement of the conventional practitioner viewpoint of therapeutic communities. At the end of the book a transcript of a community meeting is reproduced, and analysed using "focal conflict" theory framework. This perhaps inevitably concentrates on the anxieties within the resident group and contrasts the skill of the medical staff in producing "enabling" suggestions and eliciting them from the resident group, with the tendency of the workshop instructors to mislead the group with "restrictive" solutions. Nowhere in the analysis is the unresolved conflict between sub-groups of the staff referred to, but clearly there are considerable differences about the nature and the value of work in the therapeutic process. If this dimension had been included in the analysis then the conclusions may have been radically different. Were the medical staff manipulating the residents into joining their side, using their analytic framework as a mode of domination? All we are told for certain is that the workshop instructors left the community within 6 months.

This last point leads neatly into a discussion of a part of the life of a therapeutic community which is referred to surprisingly rarely in the practitioner literature - the staff meeting.

The Staff Meeting

Sharp (1974:40) points to the inevitability that practitioners will present in their writings a "partial and idealised" conception of communities. Their treatment of staff meetings generally speaking deals with particular aspects of the staff's work, and accounts of particular issues which have arisen, rather than with staff meetings per se. The structure of staff meetings and the content are rarely mentioned specifically unless as illustrations of more general points about staff relationships.

Unlike community meetings where the task is generally speaking to deal with whatever comes up, the staff meetings are frequently given up to preset business. Blake (1979) comments on the need for "staff structure" and discipline. Crozier (1979:266) from the patients point of view notes that despite the patients being sometimes able to outvote staff..." they are not as well organised as the staff, who have greater experience and training in group therapy, and are able to exercise considerable influence on the course of events."

This dual emphasis on staff organisation and the acquisition of expertise in the dominant frame of reference (group therapy) which Crozier points to as giving the staff as a group a political advantage over their clients, is implicit within the practitioner literature, but rarely spelled out as clearly as on the rare occasions where clients themselves write about their experiences of therapeutic communities.

In reviewing references to staff meetings it seems that practitioners regard staff meetings as having four separate and distinct

tasks. These may all be dealt with in one meeting or in separate meetings, and sometimes they may overlap. One common feature however is that clients or client representatives are almost always absent. (The instance referred to earlier is an exception). For clarity we will identify the four tasks and comment on them separately.

1) The Review of the Community Meeting

This has already been referred to in the brief quotation from Clark (1964). This brief description of the group assumes an analytic framework in which the staff need to work on their own feelings which have been "aroused" by the material produced in the preceeding meeting. The policy problems are not illustrated by Clark, but Jones (1976), indicates that staff do need to work on their differences in perception and the order of priorities. Jones does make it clear however that the purpose is not necessarily to reach an accommodation between the perspectives, but to socialise the inexperienced into the therapeutic framework. In keeping with his theory of "social learning" he regards the post-group as the training group in which experienced staff put right the misconceptions and shallow thinking of the inexperienced. The nursing aides for instance, according to Jones may give priority to cleanliness, and not take into account the communication from the clients which dirt conveys. Jones answer is that not only they but their administrative supervisors must be trained into the therapeutic mode of discourse. An alternative explanation for the partial perception of the aides is also offered in which is revealed a little of the professional heirarchy and snobbery operating within the unit ..."it may appear that the anxiety of the aides stems in part from their personal

difficulties, attributable to their relatively inadequate education and lack of sophistication which hampers them in their role relationships with more highly trained personnel". (1976:96).

We have already noted that there is at least one reported exception to the rule that all staff meetings are held without the client group being represented. One meeting always held in camera and frequently closed even to professionals is the staff "sensitivity" or "dynamics" group.

2) The Staff Sensitivity Group

The task of these groups is variously described as the time for the staff to look at their own working relationships, or the opportunity for staff to receive support via an examination of the collective task. Blake (1979:149) describes this group as "...essential - the heart of the process", and indeed there are relatively speaking quite a large number of references to both the structure and the theory of this group. (See chapters 16, 19, 20 and 21 in Hinshelwood and Manning 1979.) Whitely and Gordon (1979) summarise both the purposes and the theoretical framework. The staff are seen as subject in different degrees to the same "socio-dynamic" and "psychodynamic" forces as the clients. They are therefore liable to "act out" under stress and perhaps even reject staff values for "deviant patient values". Therefore staff groups are necessary which have both interpersonal and intrapersonal tasks...

"...Not only as a corrective experience for staff under stress, but also as a learning experience. For efficient running of the unit an individual's behaviour must be monitored by the peer group, and just as for patients this should be

a contract of participation in the staff of a therapeutic community". (p126).

Blake and Manning (1979) refer to the importance of staff's ability to handle "splits" among themselves, and in their framework the emphasis is not so much upon the pathology of the individual as of the group. This is another illustration of the Bion model of group dynamics in which a split does not necessarily refer to a disagreement, but to a primitive defense mechanism in which the integration of the group in working on a particular task (framed in the dominant symbolic universe) is ruptured by socially structured defenses against anxiety. The group consultant is thus called upon to interpret the defense and allow the group to resume working on the task in hand.

The intended result of such groups is that staff are enabled to cope with the stress of the work they do, and feel more secure in their ability to function collectively. The model in use for describing this process however tends to mystify and to use esoteric terminology for what is essentially a process of socialisation into the dominant ideology. If interpersonal disputes among staff were allowed to fester and become open conflict then the power of the staff group would be weakened. At the same time the group dynamic theory is functional from the point of view of the senior staff because it enables them to use their skill in that particular mode of discourse to define conflict as related to the inexperience or immaturity of the junior staff.

3) Case discussions

These are a routine part of the staff work in therapeutic communities as in most other areas of social work. The task of the group is to build up a collective picture of the client's behaviour and progress as a basis for future action, (Sharp 1975); and to advise on the transference and counter-transference problems of the case work relationship (Morrice 1979). Communities differ in the extent to which they work with specific goals, and reassess progress in the light of targets set in a previous meeting, but both Rapoport and Sharp noted that staff developed their profiles of client progress not only in relation to criteria pertaining to a particular individual but also with one part of their minds on the stability of the client group at the time. Thus leadership qualities could be negative or positive depending on the degree to which the staff group felt the community to be in control. Likewise a passionate affair between two of the client group could be tacitly allowed and even approved if the staff felt that in that particular instance it presented no threat to the general rule that sexual activity is forbidden.

4) Administrative Tasks

Much less is written about the handling of routine business in the staff meeting than any of the other tasks. Such references as there are seem to indicate that practitioners do not attach much therapeutic importance to administration, and that many decisions about daily routine are regarded as the province of senior staff. Clark (1964) is an exception to this rule in that by entitling his book "Administrative Therapy", he does give a certain kind of prominence to the

business of daily life. There are however as Mawson points out contradictions in the attitudes of community leaders to the delegation of daily decision-making (1979). Mawson singles out in particular some of the statements of Maxwell Jones, noting that authority is only shared provisionally, depending on how the senior staff feel about the capabilities of their juniors at any given time. Mawson concludes that there is some inconsistency between the values of democratisation and the flattening of the authority pyramid, and what actually seems to happen:

"Closer examination of how a community actually operates (e.g. its social organisation, values, rituals, what behaviour and attitudes it reinforces) may show it to be.... the same sort of defensive collusive system that characterised the old-style asylum, differing only in that the system is dressed up in a new set of socio-political attitudes..."(p169). In a less rhetorical vein Rapoport too had noted that decision making was not always distributed non-heirarchically. In the one paragraph in "Community as Doctor" in which he discusses staff meetings, he suggests perhaps unintentionally that policy decisions are the problems of senior staff and personal problems the bane of the juniors. Discussion was not formally organised but allowed to flow spontaneously:

"People are expected to participate as they feel impelled. The need may be role determined (e.g. director concerned about an admission or public relations problem; DRO about a job placement problem) or personality determined (e.g. a home-sick social therapist). In general the policy is to weave didactic discussions around problems of contemporary involvement though

> the senior staff attempt a broad coverage of theory for the social therapists in their tutorials". (p86).

There are throughout the literature hints that certain features of staff meetings may be problematic to clients and to some staff. Sharp refers to a covert "analytical heirarchy" among staff which was emergent and which inhibited some junior staff from publicly disagreeing with the way problems were framed and interpreted. He also notes that there is sometimes an autocratic core within a democratic organisation and pointed to evidence that the difference between senior and junior staff can become ascribed to the pathology of the juniors by virtue of the control which the senior staff have over the dominant mode of discourse (p157).

Rapoport noted that patients sometimes felt acutely their exclusion from the staff meetings and that not all staff were happy about this. The contradiction to the ideal of communalism was a basis for staff "factionialism and alienation". Crozier (1979) refers to much the same thing, and Hawkins (1979) cautions against the "cosiness" of the staff gettting together to discuss the clients without them being there.

Rosengren (1964) from the standpoint of organisational analyst warns against the dangers of over-communication among staff leading to an emergent picture of the client which is unrelated to any fixed standards of health or progress, but rather determined by the communication process itself. Thus because every aspect of the clients life and behaviour may be regarded as symbolically significant in his treatment, the discussion of clients moves from "pseudo-crisis" to

"pseudo-crisis". Rosengren argues that it is by this means of distancing themselves from the emotional demands of the "total treatment ethic" that the staff shield themselves ("make out") and maintain their esprit de corps.

The picture that emerges from the literature tends to support the view that practitioners use frameworks to analyse the process of their communities which conceal the political structures of the communities and the forms of socialisation and social control. This deficit extends to their accounts of conflict and collective disturbances in therapeutic communities.

Conflict and Collective Disturbance

Much has been written by practitioners and social scientists about the factors which cause therapeutic communities to fail, sometimes with dramatic and devastating consequences for those involved. The quality of these accounts is, for those who have had little experience of therapeutic communities startlingly apocalyptic. The use of mythical analogy, the sense that the participants have been the victims of titanic forces unleashed from the collective unconscious, and the use of hyperbolic imagery, all testify to the effects of the collapse, not only of institutions, but hopes, ideals and dreams. In what is perhaps the most quoted paper on the subject R.F. Hobson (1973) referred to the "Therapeutic Community Disease." Hobson cites the idealisation of the "messaianic leader" as the most obvious feature of the disease. The three stages of the disease are, according to Hobson:

1) The Coming of the Messiah

A dedicated enthusiastic leader brings a message of brotherhood in a New Society, and for a time staff are apparently cohesive and very enthusiastic. Patients improve dramatically, and a strong esoteric culture develops.

2) The Enlightenment

There begins to develop an awareness that the egalitarian, democratic ideals disguise destructive power games, and there is a tendency for factions and persecutory tendencies to develop among the staff. At this point Hobson claims the disease is treatable as long as bonds of friendship are not broken. Too often however comes the third stage.

3) The Catastrophe

The community may disintegrate and collapse, perhaps provoking serious breakdowns and disruptions in the lives of the senior staff. At this stage there are recurrent disturbances among the clients, and very bad feeling between the staff, with the irritants from both groups being "scapegoated" and removed. The departures may bring temporary relief but tend to become a repetitive ritual. There follows a "narrowing" in the lives of long term staff, an almost chronic state in which they seem to be devoured by the community "dragon".

Both in its tone, and its use of a mixture of religious and medical metaphor Hobson's paper is fairly typical of a number of others, written by practitioners who have undergone severe emotional stress and pain in the course of the disintegration or near disintegration of a therapeutic community. A sample of these (many have never been published) appeared in the International Journal of Therapeutic Communities 1980 vol 1:3. Although each story is different certain themes do recur:

1) A crisis in leadership and authority (Hinshelwood 1980; Hall 1979; Bierenbroodspot 1980). This can be associated with the death or departure of the founder of the community and the resulting succession crisis. In one instance (Hinshelwood 1979) the temporary absence of the founder produced the same effects.

2) Conflict within the staff group. This is mostly described in ideological terms but it can be associated with some sections feeling that they are not so valued and their contributions not recognised.

3) Conflict between the community and its parent institutions or supporting agencies. Tension between therapeutic communities

and their environment is almost endemic, and in that they represent a consciously designed break with traditional authorities and institutions.

Manning (1980) in an analysis of the unstable elements suggests that the most deadly combinations are where there is both internal disorganisation, provoked perhaps by an over-rapid turnover of staff, the departure of a leader etc., and external threat which is beyond the political resources of the leadership at the time to manage. Manning relates this to problems endemic to "anti-institutions" (Punch 1974), e.g. communes or religious communities, where an excessive dependence upon charismatic leadership is produced by the necessity to avoid contamination from a hostile environment. In his typology of the collapse of therapeutic communities Manning too choses a metaphor referring to physical processes within the human organism, but as a sociologist he focusses on the social organisation associated with these processes; in this case he follows the analysis of "death work" in American hospitals, (Sudnow 1967). According to Manning the institutions move from "biological" death, where the community stops working, through "clincial" death where the staff recognise that it is in imminent danger of death; to "social" death where it is recognised as dead by its environment. The single most common cause of breakdown according to Manning is the failure of leadership.

There is evidence however that catastrophe in therapeutic communities does not spring suddenly from a calm, even pattern of life, but rather from a pattern of crisis and collective disturbance which is a routine feature of the institutions (Manning 1980). Rapoport (1960) referred to "oscillations" in the emotional climate and organisation of the

community and others have followed this terminology, (Savalle and Wagenborg 1979). The issues associated with these "oscillations" are central to the present project. Looking first at the accounts from social scientists, who have observed and studied the process of similar institutions, and in particular at the models used to account for recurrent disturbance, the analysis will then focus on accounts from the practitioner literature, and suggest a model which may overcome some of the difficulties in analysing these social phenomena.

In the 1950's the phenomenon referred to by Caudill (1950) as "collective disturbances" was investigated and analysed in several observational studies in the wards of American mental hospitals: Boyd, Kageles & Greenblatt (1954); Stanton and Schwartz (1954), Miller (1957); and Caudill (1958). All these studies point to a connection between patient disturbance and disorganisationor disagreement amongst the staff. Stanton & Schwartz suggested that the "spread" of such disturbance is most likely to occur when efforts are made to impose institutional change from above or below, without sufficient knowledge of the implication of such changes. Evidence from studies designed to test these hypotheses has not produced much support for such theoretical linkages. Dimitz et al. (1958) using "behavioural sampling" techniques found that there was no evidence to support the thesis that variations in management policies, inside or outside the ward was reflected in patient behaviour. Wallis and Raskis (1959) found negligible associations between measures of patient disturbance and staff concensus. Other factors have been suggested as being related to the incidence of collective disturbances. Lewis et al. (1971) found that untoward incidents (suicide attempts, accidents etc.,) in a milieu therapy setting were related to the rate of turnover of

nursing and medical students. Miller (1957) emphasised the importance of a "focal individual" in an account of an outbreak of of delinquency among a group of adolescents in a therapeutic community. The isolation of the individual was the principal means of the staff regaining control.

A number of studies have noted a relationship between collective disturbance and the admission and discharge of patients (Boyd, Baker & Greenblatt 1954; Parker 1958); and with staff changes (Folkard 1957; Rapoport 1960; Torpy 1972). Boyd, Kageles and Greenblatt (1957) suggest that an outbreak of "gang" destructive behaviour on a male acute ward was associated with:

- a high concentration of psychopathic patients
- clique formation and resentment among staff and patients
- poor communication among staff

Despite the evidence that patient disturbance is not necessarily associated with disagreements among the staff, it does seem clear that what staff regard as disturbed behaviour is very much associated with the extent to which the prevailing culture and authority structure is under stress. The causes of social dislocation may be no more than a routine throughput of staff or patients, perhaps coinciding with a period of ideological tension among the staff.

Caudill (1958) in a detailed study of one such period of disturbance listed the stages of the events as:

1) withdrawal by staff and patients into their "role groups"
2) open disturbance i.e. patients getting drunk
3) paired role groups i.e. alliances among the staff which split the staff group

4) restitution; where the staff talked openly about their differences and began to modify some of their practises.

Caudill also traced the themes and emotional climate of the staff meetings through the period of disturbance and found that the peaks of negativity coincided with the periods of collective disturbance. Caudill also deals separately with a series of transactions known as the "TV petition". In his analysis he attributes a breakdown in staff organisation which the patients become aware of and exploited, to misunderstanding in administrative decision making. His account of the affair demonstrates clearly that there were conflicting interests and priorities between doctors, nurses and patients, which were resolved by the doctors issuing an edict, which satisfied neither of the other parties, though it favoured the patients. Caudill's explanation of misunderstanding is a little unsatisfactory in that it assumes that if the staff had understood each other better then they would not have mishandled the situation. It is Rapoport who raises the key question when he asks if the same kind of "pathological disturbance" would have occured among the patients if the staff who disagreed were aware of their differences but confirmed in them nonetheless (1960:11). It is a question which Rapoport does not try to answer. His own account of oscillations in the social organisation of the community uses a model which treats the community as a functional system which fluctuates "between the two poles of perfect equilibrium and disintegration". (1960:136).

In Rapoport's model there is a cycle of relative equilibrium, mounting disorganisation, a crescendo of tension in which staff act autoritatively and unselfconsciously for the preservation of the

system and reorganisation and reparation as "pro-unit" leaders among the patients feel free to speak up. Here the disturbance is associated with the influx of a large group of behaviourally disturbed patients which Rapoport suggests set off tensions in the staff group of which the staff were unconscious. He therefore seems to be accepting that the critical processes for analytic purposes are taking place at covert emotional level and shifting the emphasis away from the problem of how effectively and permanently staff and patients are socialised into accepting the communities authority structures. Both Rapoport and Caudill state that the resolution of conflict has therapeutic potential and can stimulate "social learning". Rapoport also notes that a crisis can have enduring effects on the social structure of a community, which he refers to as the evolution of the unit's system as a treatment instrument.

Sharp (1975) criticises Rapoport for his functionalist framework, and for his acceptance of the staff's psychoanalytic terminology. He argues that this prevents Rapoport from following through and making problematic contradictory aspects of the process which he noticed but dismissed as being functional for the system, e.g. the staff's shifting definition of destructive and constructive behaviour, and the expulsion of up to 40% of the patients at points of crisis.

The development of an active patient culture, which Rapoport seems to imply does not exist, is strongly suggested by American studies on "therapeutic community" type wards (Bloom et al. 1962; J. Kaplan et al. 1964). These suggest that patients developed an informal culture and collective strategies to cope with the stresses of total communication and total treatment. Kjosleth (1964) observed patients practising strategies he referred to as "dry runs" before meetings

where they knew they would be criticised, or where they wished to be granted particular requests.

The Practitioner View of Recurring Disturbance

The concept of a patient as a self-conscious, purposeful actor in the social order is however rarely emphasised in the practitioner literature, which continues to take a pathological view of the recurrent patterns of crisis. Savalle and Wagenborg (1980) refer to the patterns of conflict as a "syndrome" with "symptoms" many of which are "neurotic". They suggest that the practitioners, having formed a "clear view" among the staff of what is going on, should draw patients attention to the main aspects of the "syndrome" in a "respectful, neutral, non-condemning way" and ask their opinions. When patients start to become "interested" and "co-operative", then is the time to interpret the dynamics of the group and of individuals. They do acknowledge that to achieve a "concensus" among the staff may take time, when a large part of the team is involved, but they feel that with trust and a working "alliance" it should be possible.

The terms these writers use are themselves of interest, in that they present the role of the doctor as being an observer of illness, who can provide treatment with group dynamic therapy. Staff differences are to be overcome with a "working alliance" which one assumes refers to the staff submerging their own individual views in the interests of professional alliance.

There is at the heart of the practitioner perspective, tension which permeates all practical theory - the tension between the necessity to limit disorder, and the ideological commitment to promote therapeutic

learning through democratic decision-making. This makes it necessary to place limits on the issues which are put before the whole community at any given time, without compromising the rhetoric of democratic government. Roberts (1979) wrestles with this problem in an article called "Destructive Processes in Therapeutic Communites". In describing a number of features of conflict in communities, Robert's analysis ranges from the pathological individual to the pathological group, and he uses freely analogies borrowed from biological systems to complement the fundamentally medical assumptions about the causes of strife and breakdown - the "community illness" (p108). The problem about his analysis are similar to those Sharp noted about Rapoport:

1) there is a tendency to ignore real economic and political differences
2) terms like "destructive" are used variably to describe different behaviours, depending on the staff's view of how the community is functioning at a given time
3) the use of pathological labels to describe individual or collective deviance assumes a consensual universe of meaning which reifies the institution and falsifies accounts of process.

Roberts is aware of these difficulties and qualifies some of his categories. He notes that the "destructive and isolated individual" may get others to join him; thus acknowledging that his isolation may not be always a personality trait. Roberts also lists types particularly prone to being destructive and isolated - neophites, scapegoats, psychotics, "borderline" patients, dependent individuals, addicts, those with schiziod personality disorders - and then qualifies this by saying that any of these can do surprisingly well in a therapeutic

community. He also notes that those who on admission seemed to be manageable can behave similarly to the types he has listed. The effects of pathology are therefore difficult to establish, because the development of categories of pathological deviance is so bound up with the interests of those who define them. Both Rapoport as a sociologist and Roberts as a practitioner see the actors, especially the patients, as passive victims of their illness and conflict as the disharmony of interlocking social groups within a permissive social system. Other models have been suggested which while not losing the possibility of unconscious mental activity, or of false consciousness, restore to all the actors the capacity to act self-consciously in their own interests both as individuals and collectively. We shall refer to these as negotiating models.

Negotiating Models - An Alternative Framework

The management of conflict in therapeutic communities has been approached via models of social order which stress bargaining or negotiation as a routine feature of daily life. The early anthropological studies (Caudill etc.,) which treated the mental hospital as a small society went some way towards seeing the patient as an active participant in the construction of the social order, but split the hospital from the wider socio-economic structures and reduced power to aspects of communication (Etzioni 1960). In doing so they failed to present power as a routine fact of life.

"(Power)...exists not simply when authority breaks down...it exists as a factor in the lives of subordinates at every moment of their relations with those above them. Attitudes towards their superiors

are continually influenced by the awareness - sometimes focal, sometimes only subsidiary - that superiors can give or withold at will things that men greatly want, quite apart from their agreement or consent" (Gouldner 1971p.294). Thus as Sharp (1975) points out the concentration of phenomenological sociology (see for instance Berger and Luckman 1967) on cognitive features of knowledge may be misleading, in that while actors accounts and socially constructed meanings must be considered an essential element of process analysis, not all social order can be reduced to actors constructs. Decisions may reflect material and non-material inequalities which are not simply an instance of the ability of one interest group to define the reality of another. While conflict may reveal the commonsense structures of mundane interaction (as in ethnomethodological approaches - Garfinkle 1967) it is not sufficient to map out these commonsense structures, since the description tends to reproduce the ideologies of the caring professions and fails to reveal how the agents of social control in a non-egalitarian society manage the internal contradictions in maintaining a "democratic-egalitarian" ideology within the therapeutic communities.

Early attempts to develop theory of bargaining and negotiation in therapeutic communities (Strauss et. al. 1964) made ideological differences between staff the focus of attention, and gave, perhaps, too much, weight to this form of negotiation as a component of the establishment and maintenance of social order. From this "grounded" theory more broadly based theoretical claims have been made, and it is this "negotiated order theory" which the present study sets out to test and explore. We will return to this in the following chapter.

Whyte (1967) suggests a labour relations model for the management of conflict in the therapeutic community. Although this is a practical suggestion rather than an account of any particular set of practises. Whyte does point to a central assumption by those who run therapeutic communities that there is no fundamental conflict of interests between staff and patients. Whyte disputes this:

"Actually any large organisation embodies a variety of interests among the participants, some of them shared, some of them conflicting ...Furthermore, in trying to explain or control the behaviour of people we are not concerned with determining whether their interests are really in harmony or in conflict. What we need to know is how they perceive their interests. It is now a well established uniformity of organisational behaviour that wherever groups of people occupy widely differing positions in a heirarchy and carry out different activities, they are bound to see their interests as being different". (1967:25).

Whyte is here making assumptions about organization which many working in therapeutic comminities would not accept. As we shall see later on the implications of the labour relations model of workers and managment were not acceptable to either staff or clients in one of the communities in the present study.

Sharp (1975) as we have noted above, is critical of purely phenomenological accounts, but does suggest that a deeper understanding of the process of the community could be achieved by:

...observing the transactions in terms of more broadly construed "awareness contexts" in which members negotiate situated understand - ing through the talk of the community" (p40).

The term "awareness context" comes from Strauss, but Sharp cautions that concern with the "negotiated order" or the "logic in use" (Mills 1943) may distract from the way in which issues and decisions are used to disguise reality. He refers to the classic paper by Bachrach and Baratz (1963) on the manipulation of discussion and decision making into areas of lesser importance, to distract attention from more crucial matters. Sharp's own study focusses on instances where acts of social control are disguised by the manipulation of ideology via a form of false consciousness. According to Sharp, ideological contradictions are dealt with through a series of mediating managerial concepts. He suggests that the oscillations may be:

"...related to contradictory elements in therapeutic community ideology and embodied in differing conceptions of normalisation held by residents and staff" (1975:167).

The residents and staff in Sharp's study are located firmly in the era of the 1960's and early 70's counter culture, and the form of the rebellion by the clients' subgroup is shaped by the prevailing ideological climate. We would suggest that the more enduring forms of conflict have their roots in the medicalisation of certain forms of deviance and the apparatus of control which follows on from this. Neither the therapeutic community nor the counter-culture in the U.K. has effectively challenged this, since unlike in France, anti-psychiatry never became central to the counter-cultural revolution, and has now all but disappeared from the mainstream of psychiatric and sociological thinking on matters of mental health. Looked at in this way we would suggest further that if the routine interaction is observed between parties with different ideological frameworks, differential access to resources, and at different levels of the authority structure,

a picture may emerge in which conflict is a constant feature of daily life, and is routinely "managed" within the emergent social order.

Conclusion

In this chapter we have considered community meetings and staff meetings as seen by practitioners and noted that their conceptual frameworks tend to gloss over the means by which social control is maintained. We have noted that dissent and disagreement are frequently viewed as pathological and to be treated with analytic techniques which take the authority and expertise of the doctor for granted.

We have also noted that the failure to take into account routine differences in ideology, access to resources and authority has created some deficiences in the accounts of recurrent conflict (oscillations) and crisis.

We have begun to look at the dimensions and possibilities of a negotiating model for the establishment and maintenance of social order in therapeutic communities. In the following chapter we will look at negotiated order theory more closely and study its application to the process of the therapeutic community.

CHAPTER 3

NEGOTIATED ORDER THEORY AND THE THERAPEUTIC COMMUNITY

NEGOTIATED ORDER THEORY AND THE THERAPEUTIC COMMUNITY

It has been argued in an earlier chapter that practitioners in therapeutic communities have an ambivalent attitude to conflict and crisis, viewing them on the one hand as destructive, malfunctions of the system; and on the other as the essential material of therapy and the basis of learning and change through participation in the servicing of the social order in democratic decision making. It has been suggested further that models of structure and change which have been used to analyse the nature and management of conflict within the therapeutic community have been inadequate in that there has been a tendency to view the group as primarily a psychological organism, or else to separate process (and therefore the members of the organisation) from its structure and to reify the latter.

This chapter will be devoted to considering whether the concept of the "negotiated order" may be useful in elucidating the relationship between structure and process in the therapeutic community, and at the same time provide the basis of analysis which may assist in connecting individual change to the construction and maintenance of the social order.

Negotiated Order Theory

Hall and Hall (1981) in a discussion of approaches to organisational analysis which have challenged the dominant Weberian paradigm of the ideal-type bureaucracy, argue that social scientists have developed "different ways of viewing, conceptualising, and manipulating organisational forms which are metaphorical". From the

viewpoint of the symbolic interactionist the scientific endeavour is to "examine, operationalise, and measure the detailed implications of the metaphorical insight upon which their research is implicitly or explicitly based" (Morgan 1980). Reality it is argued has many facets and thus there are many ways of presenting partial truths about its nature. "Negotiated order" is one such way and the attempt to view organisations through its "conceptual prism" at once illuminates aspects of the organisations studied, and tests the strengths and weaknesses of the theory.

Negotiated Order Theory arose out of some work into progressive psychiatric institutions by Anselm Strauss and others in the late 1950's. (Strauss et al 1963, Strauss et al 1964). It has since been developed in a wide range of settings (Bucher 1970, Bucher & Stelling 1969, Faberman 1975, Gerson 1976, Maines & Denzin 1978, Denzin 1976, Busch 1980) and a major restatement plus a suggested paradigm for research was produced by Strauss in 1978.

The theory is derived from the "symbolic interactionist" perspective in sociological thought, and gives special prominence to the process and context of negotiations, and alternative modes of "getting something accomplished" (Strauss 1978) in the formation of social order. Strauss regards all social order as to some extent negotiated, emergent and unstable. He recognises other modes of proceeding and categorises them as "manipulation, persuasion, education, coercion, appeals to rules or authority".

Strauss argues that a microscopic study of the negotiation (or

otherwise) of the rules and working agreements of a social organisation can provide clear evidence about the workings of that group, its social order, power structure etc. Thus in Strauss' view even the most coercive regimes are in some degree operated through a mixture of negotiation and other modes of social intercourse, and he reasons that the choice of mode that is made and the dominant modes which result are the central areas for sociological study.

In common with other interactionists, Strauss rejects structural determinism and functionalist viewpoints on the grounds that:

(a) they present an overly static view of social order.

(b) they fail to take any account of man as an active shaper of his own destiny.

(c) they underplay conflict and the emergent order which derives from the resolution of conflict.

A brief summary of negotiated order theory appears in an article by Day & Day (1977):

"In the case of negotiated order theory, the individuals in organisations play an active, self-conscious role in the shaping of the social order. Their day-to-day interactions, agreements, temporary refusals, and changing definitions of the situations at hand are of paramount importance. Closely correlated is the perspective's view of social reality . . . negotiated order theory down-plays the notions of organisations as fixed, rather rigid systems which are highly constrained by strict rules, regulations, goals, and hierarchical chains of command. Instead, it emphasises the fluid, continuously emerging qualities of the organisation, the changing web of interactions woven among its members, and it suggests that order is

something at which the members of the organisation must constantly work. Consequently, conflict and change are just as much a part of organisational life as consensus and stability. Organisations are thus viewed as complex and highly fragile social constructions of reality which are subject to the numerous temporal, spatial, and situational events occurring both internally and externally. The portrayal of the division of labour involves the historical development of the organisation and its occupational and professional groups, as well as those relevant changes taking place within the broader social, political, and economic spectrum of the organisation. Similarly, power is not viewed in an absolute sense but rather in its relationship to other factors which create coalitions and partnerships varying with time and circumstances. . . . Concomitantly, events which take place outside the organisation may also have a profound impact on both . . . informal and formal structures."

Negotiated order theory does not reject the notion of structure altogether, nor regard all social order as completely fluid. Structure is mutable and occasionally unstable, but Strauss recognises that certain aspects of the social order may be very slow to change and that members may regard them as to all intents and purposes fixed structures. Strauss pictures these as a slowly changing background to the day to day arrangements which are being continually made and remade without (apparently) having much effect on the background structures. There is, however, according to Strauss, interplay between foreground and background, such that the background will always have an effect on the negotiations in the foreground, and occasionally either by cumulative effect or through a periodic reappraisal, day to day

arrangements will alter the background structures.

Gerson (1976) comments on the view of social structure from a negotiated order perspective:

"My approach rests on the assumption that both social order and individuals arise in and through a process of ongoing negotiation about who shall be whom and what order shall pertain. These negotiations may take place on relatively small scales or on large scales (through the activity of many people over a large area over a long period of time). In fact, we have a general situation in which smaller-scale negotiations are continuously taking place in very large numbers within the context of the larger-scale arrangements which are changing more slowly and less visibly to participants. The larger-scale arrangements appear to individuals at particular times and places as "givens", the "system", the "natural order of things", even though on a larger scale (that is, macrosociological and historical) perspective shows them as changing, often rapidly. Occasionally, there are "revolutionary" periods in which cumulative large-scale changes become evident to individuals over relatively brief periods of time".

Strauss' early work (Strauss et al 1964) concerned change and development in progressive psychiatric institutions. Strauss says that the importance of negotiations in the emergent order was virtually forced upon the attention of the workers because "everyone seemed to be negotiating about something all the time". In particular, the research was investigating how a division of labour evolved in institutions whose ideas about their own task and technology were in ferment. In all the institutions studied, the traditional hospital hierarchical

structure was being questioned either on idealogical grounds or because of the involvement of related professional groups whose claims as co-workers in the healing functions of the institutions needed to be accommodated within the structure.

Thus psychiatric social workers, occupational therapists, nurses, physicians, psychiatrists, all had a significance in the programmes which was not covered by their traditional professional roles. In addition, all had to accommodate to different and sometimes implicit idealogies about mental illness and treatment on a continuum locating disturbance wholly within the psyche and locating it mainly in the body. The extreme position on the "psyche" end was the psychoanalytic view, while the extreme somatic position - although no one in the studies represented this view - may be thought of as recognising only drug or shock treatment as significant.

The "milieu therapy" ideology was opposed to the somatic position, but emphasised interactive therapy, "social learning" as against individual psychotherapy.

In order to study what Strauss termed "flexibly acted out organisational scripts without firm rules", the researchers developed the concept of a "negotiated order".

The main theoretical conclusions may be summarised as follows:

(1) All social order is negotiated order, i.e. in the organisations studied apparently there could be no organisational relationships without accompanying

negotiations.

(2) Specific negotiations seemed contingent upon specific structural conditions.

(3) The outcome of negotiations all had temporal limits, sometimes of very short duration.

(4) The agreements and bases of concerted action needed to be reviewed continually.

(5) The Negotiated Order on any given day could be conceived of as the sum total of the organisations, rules and policies, along with whatever agreements, understandings, etc., (covert and overt) currently obtained.

(6) Any changes impinging on the negotiated order stimulated re-negotiation.

(7) Reconstruction of a social order lies in the complex relationship between daily negotiating processes and periodic reappraisals.

(8) The essence of this relationship (see 7) may be viewed as the relationship between the relatively stable aspects of organisational order (background) and the more fleeting day to day relationships (in the foreground).

Paradigm for the Analysis of Negotiations

Strauss has made very broadly based claims for negotiated order theory as an analytic tool with which to get a purchase on social order, through the examination of negotiations and their context. In his own words he is asking the sociological question "What is this organisation about? What is the structure of its relationships?"

(Struass 1978).

Strauss believes that his paradigm for research could be adapted to study the social order of any human group. Clearly, some of his suggestions may not be relevant to some studies and equally certainly any study would need additional concepts to analyse local conditions. This is the broad outline of Strauss's proposed paradigm:

- The Negotiations should be described using the actors' own words or a paraphrase. Included in this will be accompanying interactions, types of actors, strategies and tactics, some consequences of the negotiation and the embedded sub-processes of negotiation; e.g. trading, paying debts, formulating agreements etc.
- The negotiations occur within what Strauss calls a "negotation context", and he suggests the following list of properties of a negotiation contect. He acknowledges that not all of these suggestions will be relevant in the same degree to all situations.

* The number of negotiators, their relative experience in negotiating, and whom they represent.
* Whether the negotiations are "one shot" repeated, sequential, serial, multiple or linked.
* The relative balance of power exhibited by the various parties in the negotiation itself.
* The nature of their respective stakes in the negotiation.
* The visibility of the transactions to others, i.e. their overt or covert characters.
* The number and complexity of the issues negotiated.

* The clarity of legitimacy boundaries of the issues negotiated.
* The options to avoiding or discontinuing negotiation: i.e the alternative modes of action perceived as available.

Strauss emphasises the importance of the last of these in understanding both the decision to embark on negotiation and the course of the negotiation. So that if the parties to the negotiation perceive that they can choose to coerce, manipulate, etc., then their choices of these modes will either prevent them from entering negotiations, or if they choose this as well, then their choices will affect what transpires in the course of negotiation.

The background to the "negotiation context" Strauss calls the "structural context", i.e. the salient structural properties that bear on negotiation. In the case of Therapeutic Community some of these might be its location, the structure of the larger institution in which it is contained, the state of psychiatry, and the attitude towards its particular brand of deviant in the wider community.

Criticisms of Negotiated Order Theory

The debate about the usefulness of the negotiated order paradigm has focussed on 3 main issues: (1) the lack of an adequate definition of the concept of negotiation (Couch 1979), (2) an inadequate treatment of the structural basis of coercive power and extended conflict (Day and Day 1977) (3) the apparent assumption that all social structures are negotiated structures (Benson 1978).

(1) The Definition of Negotiation

In their generally sympathetic review of negotiated order theory, Charlton and Maines (1980) acknowledge the ambiguities and inconsistencies between social scientists who have used the negotiated order approach, in their definitions of what constitutes negotiation. They argue that as the theory is sociological and has as its focus social orders and social organisation, psychological studies of negotiations in dyadic relationships qua relationships have not found the paradigm very useful (e.g. Roberts 1979). Likewise studies of what they call "situational adjustments", (e.g.. avoidance behaviour in subway trains) which do not involve discursive negotiation with others are not illuminated by the paradigm because although they involve the relationship of an individual to a larger social group, the negotiation is mainly internal to the individuals concerned.

Charlton and Maines then refer to studies which focus on the negotiation of reality, and refer to the work of Scheff (1968) and others who have studied the way professionals and their clients negotiated the definition of reality - as a basis for deciding what, and how much, will be done to solve the problems for which they have been consulted and when this will happen. They note that these analysts have made little or no attempt to link these negotiations to social orders. This is of particular interest to the present study, in that it will be argued that in the therapeutic community the

negotiation of reality is very closely linked to the construction of the social order in that the definition of problems precedes negotiation of joint concerted action. In other words in many conflicts that arise there are likely to be not only different solutions proposed but different versions of what the problem is, according to the symbolic frameworks in use by the participants.

The fourth area of study to which Charlton and Maines refer is the "activity produced as persons attempt to resolve their differences and structure their future inter-relatedness", (Sink and Couch 1979). The "negotiation" here is "restricted to refer to a meeting or session wherein negotiating activity is produced". This type of situated negotiation is mostly dyadic or two-party and Charlton and Maines argue that although this sort of study illuminates the interaction of participants in a specific situation, to restrict the definition of negotiation to situated conduct is too limiting if the researcher is interested in questions of social order.

Charlton and Maines conclude by proposing a broad definition of negotiation which must include at least 3 dimensions capable of variation:

"The first is <u>degree of consensus</u>. Negotiations can take place under conditions of varying degrees of consensus. It is only when a situation is completely consensual or non-consensual that negotiations cannot occur. This view

shifts the emphasis away from the more usual dimension of disagreement as a necessary element of negotiations, and allows us to include in our observations those instances where a fairly high degree of consensus is present in negotiations. Negotiations also must include some degree of exchange. Only when there is no exchange between or among the participants can we say that negotiation does not occur. But the exchange can vary in frequency, intensity, and duration. Negotiations also involve the use of strategies. Coercive strategies depend on the use of force; formal strategies depend on the use of official authority; manipulative strategies depend on misrepresentations; persuasion strategies depend on appeals to a person's good will".

It will be noted that in this definition Strauss' alternatives to negotiation are all included as strategies of negotiating behaviour. By making the definition inclusive certain problems are avoided, but Struass himself is ambiguous about the exact status of persuasion etc., in the paradigm. At some points he describes these as "alternative" options to negotiation (Strauss 1979 p1.7), implying that there is a distinction to be made. At other times he seems to regard the "alternatives" as "related modes of activity" to the negotiating process (p72). If persuasion, education and appeals to authority are alternatives to negotiation this does seem to restrict the use of the term negotiation to something less than is usually intended by ther term. Negotiation without persuasion is hard to conceive.

On the other hand coercian and manipulation of contingencies to prevent negotiations taking place are rather different matters. This raises the other criticism that the theory deals inadequately with power. If an interest group has the ability to achieve what it wants without resorting to negotiation, then how can the social order be said to be negotiated?

It is therefore the view of the present writer that Charlton and Maines do not dealadequately or straightforwardly enough with the problem of definition. It is proposed that the term "negotiation" should be confined to <u>the attempt to reach a working agreement on the way social action should proceed by means of discussion between two or more interested parties</u>. This can of course take place over a series of meetings and at different levels of the social order as long as there is a point of connection between them.

Within this definition the conditions proposed by Charlton and Maines are taken for granted, since for such discussion to occur there must be both the desire for mutually acceptable action (consensus) and differences which necessitate the use of strategies and some degree of exchange. This definition does however exclude examples of the operation of power, e.g. the manipulation of contingencies, which place limits on the content and outcome of negotiation.

(2) Power and Structure in Negotiated Order Theory

In his later formulations Strauss gave a more prominent role to the workings of power and power differentials, but this treatment is still considered to be inadequate, even by those broadly in sympathy with his position. Power in Strauss' work is situational, contingent and refers to the ability of different participants to control the course of events and actions of others (Hall and Hall 1981). Whereas according to the Days (1977) power should be seen as embedded in the structural attributes of an organisation. Gerson attempts to synthesise these positions by refering to an actors ability to operate across a range of negotiation settings as being a function of their sovereignty:

"the net balance of resources and constraints available.....across the full range of settings in which the actor(s) participates" (Gerson 1976). Hall and Hall place the operation of power at the centre of the negotiating process:

"Our general assumption is that higher order settings limit relatively lower order settings, i.e. the options and resources are less for lower order participants and the constraints are greater. Successful control, however, depends upon monitoring, co-ordination, and compliance which are not necessarily automatic. .....Lower level participants can also create problems for those above them and negotiate across levels but the general direction of control is downward. It seems obvious to state that the reason for the previous statement lies in the distribution and enactment of power.

Whether or not there is negotiation is a function of power. Who gets to take part, the content of the negotiation, its process and outcome are also resultants of power. We therefore added a conception of power and context to our model of the negotiated order" (1981:5).

The problem with this is that in this formulation the concept of power remains undeveloped and somewhat elusive. When the Halls refer to the distribution of power and to options, resources and constraints are they proposing that power and structure are the same thing? Is there a distinction to be made? We need to understand what power means in the context of negotiated order theory.

For theorists like Foucault those aspects of power which are of interest to his enquiries are embedded within and operate wholly through structure. Power as related to individual or collective agents is a mistaken perception of the problematic.

"Let us not therefore ask why certain people want to dominate, what they seek, what is their overall strategy. Let us ask instead how things work at the level of ongoing subjugation, at the level of those continuous and uninterupted processes which subject our bodies, govern our gestures, dictate our behaviours etc.," (1980:97).

Negotiated order theory, however, with its roots in symbolic interactionist thought, has the actions and

intentions of individual agents as the main focus of its analysis. It is no part of this project to reconcile or justify either position, but there is both overlap and conflict which needs to be acknowledged. Negotiated order theory is what Clegg (1979) refers to as "socio-centric" sociology, which analyses the social world in the terms of its own discourse. Power and structure in the terms of such a paradigm must therefore be seen as operating by and through human agency.

For Wrong (who classes himself as an "unapologetic methodological individualist" 1979:253) power is by definition intentional, even though the consequences of exercising power may have unintended though anticipated effects. In Wrong's view even "latent power" - power which results from peoples anticipation that the possessor or controller of resources will use the resources effectively to control their actions (1979:126) must have the element of intentionality.

"To impute latent power to someone, it is not enough.....to point to the anticipatory reactions of others if the alleged power holder is utterly ignorant of and oblivious to his capacity to elicit these reactions. To justify an imputation of power to him, it needs to be shown that he knows that others, aware of his resources, consider him powerful and guide their actions by what they believe to be his wishes and intentions" (1979:126).

Lukes (1974,1977) argues that the definition of power and

structure and the relationship between them, is at the centre of the sociological inquiry. He too proposes that power necessarily implies the element of intentionality by including the concept of choice on the part of those who exercise power - i.e. that they could, if they wished have acted differently. For those subject to power according to Lukes, it is always the case that they would have acted differently but for the exercise of power. Lukes clearly separates power and structure. In his account the notion of a power structure becomes a self-contradiction, since power operates within structures.

"However, the matter is not so simple, since the possession and exercise of power by some can be a structural fact of the situation of others - so that what is structural with respect to the recipients may not be so with respect to the exercisers. Again, structures may be created, maintained and destroyed by acts of power" (1977:9).

His main point however, is that to the extent to which the explanation of given outcome is structural, the claim being made is that to that extent the agents involved in bringing it about are powerless to act otherwise.

In any empirical application however both power and structure are characterised by Lukes as "essentially contested" i.e. that any given empirical application of it (the concept) carries a considerable theoretical load.

Lukes (1977) proposes that any given view of (that is, way of identifying) structural factors carries three implications. First, a (contestable) judgement about what is constraining upon agents, and the way in which it constrains them. Second, a particular characterisation of those agents - that is a way of identifying them counterfactually when asking the question "could they have done such and such?" (Who are "they"? Do "they" include or exclude their wants, beliefs, personality characteristics, commitments, and so on, and if so, which of these?). And third, the specification of a time period within which what is claimed to be structural is held to be so.

The corollaries of this are that structure is relative i.e. that what is structural at one time for one set of agents may not be so for others, or for any at another time. In this, he is not dissimilar to the negotiated order theorists in that he regards what is at one time structural as potentially mutable and potentially subject to human agency.

Lukes view of power which he calls "three dimensional" is an extension of the debate between writers such as Dahl (1957) who emphasises overt decision-making as a characteristic of power relations and Bachrach and Baratz, (1963) who while still presupposing observable conflict as an essential characteristic, propose that the manipulation of interaction so that decisions are not made on issues of importance is equally important. Lukes criticises Bachrach and Baratz's

formulation because it is too tied to what is observable in the interaction:

"A may exercise power over B by getting him to do what he does not want to do, but he also exercises power over him by influencing, shaping or determining his very wants. Indeed is it not the supreme exercise of power to get another or others to have the desires you want to them to have - that is, to secure their compliance by controlling their thoughts and desires?" (1974:23).

Critics of Lukes (e.g. Clegg 1979) have held that this does not advance matters as much as Lukes claims. The problem in empirical terms is how to establish whether those subject to such forms of power would have acted differently but for its being exercised. How is it possible to tell whether individuals or groups would or would not have behaved in a particular way in a hypothetical state of "relative autonomy"?. What is this "relative autonomy"? For Wrong (1979) this argument raises the problem of "real" or "objective" interests albeit in a slighly different form, although Lukes himself does not use such terms and indeed argues that they could be "open to misuse by seeming to provide a paternalist license for tyranny" (1974:33). Lukes recognises the problems and is undeterred.

"I have argued that to investigate the structural constraints upon the power of agents is, at the same time, in part to inquire into the nature of those agents; such an investigation is of its nature an inquiry into

counterfactuals, for which evidence must always be indirect and ultimately inconclusive. It would, however be fallacious to conclude from the in-built difficulties of such research that there is in principle no correct answer to the question of what is within and what beyond the power of agents, or indeed that there are not practical ways of ascertaining whether some proposed answers are better than others" (1977:29).

Clegg who regards power as significant only if it operates as structurally based domination regards this as "nonsensical as something other than a part of the rhetoric of liberal-pluralist theorising" (1979:57). Gidden's project (1976,1979) to develop a model of the relationship between structure and action based on language as a social form, via a concept of an order which is "negotiated" is similarly rejected by Clegg as hopelessly "individualist and voluntarist" (1979:73).

This same stricture, only more so would undoubtedly be applied to negotiated order theory and indeed any theory which attempted to preserve the human agent (collective or individual) as fundamental to the analysis of social structure. For the purpose of the present project it is enough to acknowledge this theoretical divide, and to indicate the position adopted. It is important to note however, that although negotiated order theory as formulated by Strauss and others has certain features in common with the theoretical

work of Lukes and Giddens, its baseline is much narrower and thus far it has been developed in a fairly narrow range of substantive areas. The claim made by Glaser and Strauss (1967) that meta-theories can be developed from an accumulation of "grounded theory" is highly dubious unless the structure of the discourse from which the grounded theory is drawn becomes a subject for analysis. Negotiated order theory conceives social order as a plurality of institutions, organisations and corporations to which the subject is commited in varying degrees. Its baseline in other words is the observable reality of the United States in the middle and late 20th century. To make the jump to the next level of analysis, to become a meta-theory it would need to incorporate features which would include as problematic the way this reality has been constructed - a project which is clearly impossible from empirically developed, grounded theory alone. It is for this reason that we shall at times as in the case of the present discussion of power and structure, have to draw on the work of theorists like Lukes and Giddens to clarify terminology and to sensitise ourselves to a broader problematic when considering the empirical data.

For the present project therefore Lukes' distinction between the operation of power, and structural domination is accepted. In our collection of data we have been sensitised to the potential importance of "non-decisions" by the work of Bacharach and Baratz (1963) and albeit it with diffidence and caution we have considered the evidence which might be used to

argue an empirically grounded case for Lukes' "third dimension" of power.

If we return to our definition of negotiation the questions we have to ask empirically are: (1) To what extent does the negotiation we can observe represent a significant contribution to the establishment and maintenance of social order? (2) Where it appears that social action is based upon uses of power which do not involve negotiation in the sense we have defined it, what alternative mode of proceeding is used and how far can intentionality be ascribed to the power holders? (3) Are those who are apparently wielding power free to act otherwise?

Lukes summarises his own position on power and structure in a way which is not incompatible with the views of Hall & Hall (1981) or Gerson (1976).

"On the view I have advanced, social life can only properly be understood as a dialectic of power and structure, a web of possiblities for agents, whose nature is both active and structured, to make choices and pursue strategies within given limits, which in consequence expand and contract over time. Any standpoint or methodology which reduces that dialectic to a one-sided consideration or agents without (internal or external) structural limits, or structures without agents, or which does not address the problems of their inter-relations, will be unsatisfactory. No social theory merits serious attention that fails to retain an

ever-present sense of the dialectic of power and structure (1977:29).

(3) Construction of the Social Order - The Limits of Negotiation

The question of the extent to which social orders may be considered "negotiated orders" is therefore at least partly an empirical question. There are those who would accept Strauss' formulation that all social order is to some extend negotiated. They would argue with Charlton and Maines (1981) that although the material world may place constraints on action, it is only known and evaluated through social interaction. Thus although at a particular time and in a particular set of circumstances, power relations and regulated practises may be unquestioned or appear to be "reality", organisational structure is never totally stable and new conditions will provide the impetus for change. The important difference between this and the structuralist position is that for the symbolic inter-actionist social order may be constrained but not determined by social structure. Structures, according to Busch (1980) become established through a process of "sedimentation". Seen in a socio-historical perspective, practices which at one point appear as structural can be shown to have been the subject of negotiation. The state of the social order of a complex organisation at a given time however is seen as the product of the linked negotiations between intra and inter-organisational levels of power, authority and interest. Denzin (1977) in a study of the American Liquor Industry examined these "tiers of interest" in their socio-historical context.

Other empirical work has questioned the general application of the term "negotiated order" to all social orders. Hall and Hall (1981) and Maurin (1980) both found that negotiations did not entirely account for organisational form and process. Specifically the Halls found that there was less negotiation in the school systems they studied than they had expected to find, and that the interest groups at the lower levels of the organisation expected negotiations to be unproductive and to go the way the more powerful groups wanted. Maurin (1980) found in her study of the setting up of an innovative health centre that negotiations between doctors and para-medical staff did not impinge on the automony of the doctors. Redifinition of institutional roles would have meant a change in the structured power relationships.

"....almost anything is negotiable, but the institutionalised role - relationships remained unchanged" Maurin (1980).

This led her to conclude that:

"...the consequences and applicability of the negotiations are very circumscribed" (1980:41).

The Halls began by assuming that the term negotiated order implied a situation where:

"at any time the following social objects may be subject to negotiation because of ambiguity or conflict - values, goals, rules,role expectations and relationships, authority heirarchies, resource distributions, collective vs group individual interests, responses to new situations, decisions and courses of action" (1981:4).

They suggest that the social context of Strauss' original work was

particularly fluid, and may have led him to over-state the role of negotiation in the maintenance and construction of social orders generally. In their conclusion they suggest a number of factors which influence the occurrences of negotiations, and in so-doing they introduce the notion that the importance of negotiation in the maintenance and reproduction of an organisational order varies depending which phrase of its life as an organisation is being examined.

Conclusions

Strengths and Weaknesses of Negotiated Order Theory

It will be clear from the above discussion that there remain significant ambiguities and gaps in negotiated order theory, despite its promise as a conceptual bridge between social structure and action, not incompatible in some of its central concepts with recent theoretical work from quite other sociological and social psychological traditions. Structure as process or "structural process" is similar to Giddens concept of "structuration" (Giddens 1979), and represents a move away from the reifications of structural determinism and functionalism.

The strengths of negotiated order theorists lie in their insistence on the inclusion of the social actor in organisational analysis and their attempts to wrestle with issues of freedom and constraint without separating the mundane interaction of social actors from the structure of the social orders to which they belong. The vision of society at the centre of negotiated order theory which presents it when viewed historically as a fluid and sometimes fragile set of arrangements and

coalitions between shifting constellations of interest groups, held in a state of tension for longer or shorter periods of time is of considerable interest to the social scientist. This is because it refocuses attention upon human-kind as social beings and communicators, and makes a clear distinction between the living social actor and his symbolic and material productions.

The weaknesses of the negotiated order theorists however are in their failure to define negotiation adequately or demonstrate its centrality as a mode of activity through which social order is established and reproduced. Charlton and Maines argument that because most social orders have at some time been the subject of negotiation they are therefore "negotiated orders" is a dubious piece of logic, and if followed runs the risk of ignoring processes which are of much greater significance both in establishing and reproducing social order. The inevitability that something recognisable as negotiation has occurred at some level and at some point in time, does not indicate anything very meaningful about a social or organisational order. The role of negotiation, however defined is a matter for empirical judgement and for that to occur, due weight needs to be given to processes which do not appear at all like negotiation. In giving emphasis to negotiation and its alternatives however, Strauss and those who have followed him have never lost sight of the fact that power does not operate independently of human beings. It is mediated and interpreted by people in social relationships and although some of the material bases and benefits of power in society are unequally distributed, the operation of power in sub-orders, institutions and organisations is by no means straightforward, and the conditions for

its use can be constrained and altered by those who apparently have very little formal power or resources.

The Task of Further Research

The negotiated order theorists therefore ask and imply very central and searching questions about social order, but the answers they have come up with are not yet satisfactory. There is some recognition of this by Charlton and Maines:

"The issue of limits and consequences of negotiation is one of the most critical in the negotiated order perspective. It hits at the heart of the structure and process dialectic and is an issue to which every study of negotiated orders should be sensitive. The research conducted to date is just beginning to flesh out a few of the dimensions of the issue and in the course of that process it is becoming apparent just how exceedingly complex the issue really is" (1981:54).

There is more to this issue that a matter of sensitivity. If the term "negotiated order" has any meaning then it must focus upon negotiation as the central feature of the process which maintains and reproduces social order. If the important elements are not associated with negotiation, then for all its virtues the result cannot be called "negotiated social order". In our view therefore the centrality or otherwise of negotiation in the establishment and reproduction of a social order can be seen as an empirical question. Problems of social order however can be usefully approached via the study of negotiations and their context, irrespective of the

commitment of the sociologist to negotiated order theory. For this approach to be used there must be an adequate definition of negotiation. Maines definition (see above) is vague and incomplete, and avoids the crucial question about whether strategies which prevent exchange taking place can be described as negotiation.

A limited definition of negotiation has been proposed which restricts the concept to observable discussion in order not to stretch the term too far from the everyday usage. In using this definition a distinction must be made between strategies such as persuasion etc., which take place within a negotiation setting, i.e. where there is exchange between actors, and strategies which groups or individuals employ to prevent exchange taking place or to deflect attention from conflicts of interest which they do not want discussed. Strauss refers to this as manipulation of contingencies and in the view of the present writer this is an alternative to, and distinct from negotiation. There will undoubtedly be other alternatives as Strauss recognises, and some may be of more significance to a particular social order than negotiation. Clearly a full study of the construction and reproduction of a social order should investigate not only current structural process but the socio-historical background. Certain conflicts may be latent at a given time, when no actors from any interest group think of questioning certain aspects of the social order. Inevitably, however, studies will tend to be either mainly longitudinal (historical) or mainly concerned with the details of structural process as it occurs at a given point in time. It seems to the present writer that either emphasis is potentially valid, and each should serve to illuminate and clarify the other.

The Therapeutic Community as a Negotiated Order

The comparative study of therapeutic communities from a "negotiated order" persepctive was felt to be potentially useful and interesting for two main reasons:

(1) The Therapeutic Community as an Example of a Negotiated Order

Superficially the therapeutic community looks at though it might be a prime example of a negotiated order. It is clear from the practitioner literature that although certain general ideological principles and goals are common to most therapeutic communities, the basic technology of treatment is very little agreed, and the desired end results formulated in a variety of ways. There are ambiguities in role expectations, conflicts of values and interest between collective, group and individual interests, much agonising about power and heirarchy, and a constant necessity for members and staff to respond collectively to new situations as each intake of clients threaten to disrupt social stability. The feature that is held most frequently in common between communities is the centrality of talk as a way of resolving and learning from conflict. Ideologically therefore there is a high level of commitment to collective face to face discussion, and regular times each day are devoted to talking about and monitoring the daily life of the community.

Therapeutic communities are in addition frequently in a

dependent relationship to larger (usually medical) institutions. Because they adopt a primarily non-medical (and not overtly punitive) approach to problems which are usually within the domain of the medical profession or the prison service - there is a long record of conflict between the communities and other political interests. (See the issue of the International Journal of Therapeutic Communities Vol 1. no.3). Thus in addition to having the seeds of internal instability, therapeutic communities may exist in an unstable and sometimes aroused environment which can threaten their very existance (Manning 1980). In his review of the literature on crisis in therapeutic communities, Manning concludes the leader of a community is a key figure in mobilising responses to internal and external disturbances, but that "even an effective leader will be unable to resist the combined impact of internal disorganisation and external pressure". When viewed within a negotiated order framework it is suggested that the key concept which links leadership to institutional survival may be negotiation and that the social order of the community may be dependent for its form and structure on the outcomes of negotiation between the community and its setting.

Clearly the therapeutic community provides a test-case for negotiated order theory, in that if the central concept of negotiation does not account in any significant way for the shape and the maintenance of the social order in an institution which has an explicit commitment to democratic

processes, discussion, etc., and built-in ambiguity about its organisation, power-structure, role-relationships and legitimacy in relation to wider professional and governmental structures, then there must be some doubt as to the usefulness of the whole theory. In any event a study of negotation in such a setting will "flesh out" some of the dimensions of the concept of the negotiated order, and produce empirical evidence about the inter-relationship of negotiation settings, the conditions that stimulate negotiation, and in what circumstances negotiation might play a key part in an upheaval in the social order.

(2) Negotiation and Treatment

The second reason for studying negotiation in the therapeutic community relates to the treatment ideology. Analytic psychology links personal change to dialogue via such concepts as "transference" and the interpretation of unconscious meanings. Clearly a living-learning community exists in a complex social world in which dyadic quasi-parental relationships are only one part of the social arrangements in which people operate and have their being. The work of G.H. Mead directs attention to self as a process which takes its form and meaning from the society in which an individual lives:

"The process out of which self arises is a social process which implies interaction of individuals in the group, implies the pre-existence of the group...It has been the tendency of

psychology to deal with the self as a more or less isolated and independent element; a sort of entity that could conceivably exist by itself...We want to distinguish the self as a certain sort of structural process in the conduct of the form, from what we term the conciousness of the objects that are experienced" (1934:164).

The links between the self and the group are the systems of symbols (languages etc.,) through which experience is organised and transformed into shared possession of the group. It is out of these "symbolic universes" (Mills 1943) that social meaning and therefore social reality are constructed.

Symbolic interactionist psychology has been fruitful ground for social scientists, but seems to have scarcely touched conventional (or psychiatric) wisdom, in which self or personality is still regarded as a "more or less independent element; a sort of entity that could conceivably exist by itself". Recently there have been attempts to get psychiatrists to shift attention from personality traits to rule-governed situated behaviour; (Millard 1981) but psychiatric and lay wisdom still tends to view deviance from a post-Freudian perspective in terms of defective personal relationships in early life.

In therapeutic communities although emphasis is laid on group membership, participation, and the sharing of authority as key components of the treatment ideology, the practitioner

literature is frequently unclear or contradictory about whether these are reflections of a real flattening of the authority pyramid or optional extras, the rewards of good behaviour:

"In no sense do the staff or the doctor in charge relinquish their ultimate authority, which remains latent and can be evoked when necessary" (Jones 1968).

"While unltimate decision-making machinery regarding major problems rests with the senior staff committee that meets daily, less important decisions are dealt with in various group meetings" (Jones 1968).

The underlying assumption here seems to be that clients can play at decision-making and exercising authority in the organisational context, but that if they do so in ways of which staff disapprove, then the play will be stopped and the clients personality defects examined to justify staff disapproval.

How much power and influence do clients have in the communities in which they live? This is a question which can be approached via a study of negotiations, and it will be argued in a later chapter that this issue is far from academic. Whether or not authority is, or is experienced as being real, has important implications for the construction of self, and therefore for the whole treatment process.

CHAPTER 4

THE TWO COMMUNITIES

THE TWO COMMUNITIES

In choosing to approach particular therapeutic communities to observe and analyse negotiation and the construction of social order it was clearly important that at the very least the two communities should fall within the basic democratic ideology of the therapeutic community described in Chapter 1. What was being compared was the way a commitment to open discussion and participation was interpreted and woven into the cultures of the two communities, and in particular how this commitment was reconciled with the need to preserve social order. The researcher therefore began the search by looking for communities not noted for unusual or widely publicised esoteric cultures. The object was to observe routine practise in settings which, whilst recognisable as therapeutic communities, were not subject to the distortions of overheated publicity.

The selection of two therapeutic communities for purposes of comparison was dictated by four main considerations. Firstly the willingness of the staff and members to accept a researcher as observer, and to allow meetings to be audio taped. The process of gaining entry will be discussed in the next chapter, but the initial choice of the first community for the study - Community A - was influenced very largely by practical matters such as the willingness of the consultant in charge of the community to give a public stamp of approval to the project, the relatively small size of the community (15 to 20 clients) and the possiblity of solving the technical problems associated with tape recording meetings in a room not designed in any way as a recording studio. It was important that the size of the

community and the size of the meetings should be quite small because a larger and more complex community would have made the task of a single researcher over a six month period of field work far less manageable. The second consideration was that the communities should be well established. It has been noted in an earlier chapter that some studies have been made of negotiation in communities which were in the process of becoming established. It was felt that as a treatment method therapeutic communities have gone beyond the initial stages of innovation and are now entering the stage of "bureaucratic and systematic application" (Manning 1976). Therefore communities were selected where some, at least, of the initial battles for survival may have been expected to have been won, and where the treatment programme would have developed a characteristic style. As some practitioners claim that the therapeutic community is approaching professional maturity (Jones 1976) it seemed important to examine the process of such institutions, to consider among other questions, how a mature community would manage the pressures of bureaucratisation and institutional routine with a treatment ideology which emphasises "democratisation" and flexibility.

The third consideration was the centrality of the community meeting. Many writers have noted that the community meeting is one of the most common features of therapeutic communities, but the project demanded regular community meetings for the additional reason that the opportunities for public recordable negotiation had to be sufficient for a substantial quantity of material to be recorded in a comparatively short space of time. Short intensive periods of recording were used, because the same amount of material, collected

over a longer period would have certainly been too disjointed for the analysis to have followed the development and resolution of problematic issues and conflicts. There would, in addition, have been greater problems in assessing whether issues were resolved in or out of the public arena. Community B had only one full community meeting per week but there were meetings every morning which all members not employed outside the community had to attend. At the time of the study only one member had a full time job, and that for only one of the 2 weeks of recording - so although these events were not referred to as community meetings,they were opportunities for public negotiation of current issues. Not all the staff attended all the meetings in either community, with important consequences, which will be referred to later.

Lastly there were the problems of similarity and difference between the communities in their aims, structure and composition. One concern of the projectwas to study the structural and institutional influences on negotiating behaviour, so it was important that at least the goals of the communities and their client groups should be roughly comparable.

Although the treatment ideologies of the two communities (see below) had significantly different emphases, the broad commitment to rehabilitation via participation in a living - learning community was the same for both. Although Community A was inside a mental hospital and Community B was described as a halfway house,there was no suggestion in the literature on Community A that it's aim was anything other than rehabilitation into the wider community. Those who left did not go

immediately to other institutions although some either returned quickly to the community itself or spent a prolonged period working while using the community as a home-base, much as in Community B. In Community B of the 6 residents who left voluntarily during the period of the field-work - 2 went on to three-quarter way houses run by the Community's parent organisation and one returned to the Community for a second period of residence. The other 3 went on to independent living but only one had a full time job.

The client profiles of the two communities were remarkably similar. Community A described its ideal client as aged between 18 and 35, average IQ, from any orthodox psychiatric category except dementia and mental subnormality. The advantage of "positive personality" and "strong self-motivation" is noted. Community B claimed a possible age range between 17 and 65 (though in practice clients were at the lower end of the age-range - see below). It also claimed to provide for all diagnostic categories with the qualification that clients: "have a potential to renew their lives and to use the support which the community gives and to contribute to it." In practice certain categories of physical handicap, the mentally subnormal and psychotic clients were excluded. It should be said however that the parent organisation did provide a range of services which provided for some clients who would have been excluded from Community B.

Social Profile of the Client Groups

There were during the period of fieldwork 17 members in Community A - 9 men and 8 women. Of these one man and one woman left during the early part of the project and as they were not present during the period of tape-recording they are not included in the survey below. There was

in addition an elderly man (60+) who visited once a week from his home in Hastings to attend two community meetings. He had apparently been a full-time member at one time but is not included as a member in the social profile. The presence of this man did reveal some interesting features of the Community which will be described elsewhere. In Community B during the period of fieldwork there were 18 members - 8 men and 10 women. 4 men and 2 women left before recording began and are not included in the figures below.

The criteria of comparison between the client groups were - age on admission, length of stay at the time of recording, previous place of residence, definitions of clients' problems, and number of previous admissions to mental hospital. In addition a survey was made of their parents' occupations and of their own level of educational attainment.

1) Age on Admission

In both communities the average age was 26, with a range in Community A from 20 to 39 years, and in Community B from 16 to 38 years.

2) Length of Stay

There were no official directives on length of stay in either community. Community A suggested 6 months minimum and 18 months maximum as being desirable but did not adhere rigidly to these guidelines. In Community B the expectation was that 12 to 15 months was the maximum period of residence but again there were no firm rules. In Community A at the time of recording the average length of time that members had been in residence was 9½ months, with a range from 0 to 20 months. In Community B the average period was 7 months, with a range from 3 to 15 months.

3) Previous Place of Residence

In Community A, of the 15 members included in the survey,

10 members came from their own or their parents' homes, 4 from hospitals and one from another institution, 1 woman was still married, one other had been married. In Community B, of the 12 members included, 7 came from hospital, 5 from their parental homes. 1 woman had formerly been married but had been divorced long before entering the Community. None of the men in either community were or had been married.

4) Definitions of Clients' Problems

Neither community kept a record of the psychiatric diagnoses of its clients. Community A kept almost no records at all and refused to put down diagnosis on principle. Community B in general kept quite thorough records, but for some reason rarely filled in the box in the record sheet labelled "psychiatric diagnosis". Although this was never formally explained, the attitudes of the staff to psychiatric categories generally, indicated that the reason may have been the same scepticism about their value found in Community A (and indeed in many therapeutic communities). For these reasons the problems were divided into lay categories.

In Community A - 7 members had made suicidal gestures, 5 were noted as having alcohol dependency problems, 2 were simply described as depressed and isolated, and one was referred from a court for sexual offences against children. 3 of the women were or had been anorexic.

In Community B - 6 members had made suicidal gestures, 3 were described as depressed and withdrawn, 2 were described as having problems making relationships (elsewhere as having a personality disorder), and one man had spent a period of 18 years in a mental hospital after some exhibitionism in his late teens. Two of the women had been anorexic.

5) Number of Previous Admissions to Hospital

In Community A - 6 members had no previous admissions to mental hospital. The others ranged in number from one to five previous admissions. In Community B all the members had at least one previous admission, though only 3 had had more than one.

6) Level of Educational Attainment

This is necessarily only a rough guide to intelligence and ability, but both communities had a preponderance of members with above average qualifications. In Community A, 9 members had 'O' Levels or better. Of these, 3 had 'A' Levels, and one had a degree.

In Community B - 8 had 'O' Levels or better. Of these, 4 had 'A' Levels or foreign equivalent, 3 had embarked on degree courses and one had a degree.

7) Survey of Parents' Occupations

This was necessarily imprecise since at least one person did not know his parents, several had single parents, and others' parents had never worked. Nevertheless there was a significant proportion of members in both communities from middle class or professional homes. In Community A, 8 out of 15 members had parents from clearly middle-class occupations, as against 6 out of 12 in Community B. In both communities a high proportion of members came from families which had suffered traumatic events: deaths, divorces, prison sentences, absence of one or both parents etc. at significant moments in their lives.

Summary and Discussion

The social composition of the client groups in each community can be seen from the survey to be roughly comparable in terms of age,

length of stay, presentational difficulties, educational attainment and parental background. In this last respect the survey suggests that both client groups were atypical of those with psychiatric disorder in the population as a whole. The overwhelming conclusion of the studies which had been completed up to 1975 into the distribution of mental illness among the population generally was that psychiatric disorder which required hospital treatment was heavily concentrated in social classes 4 and 5. The same was true for disorders which did not require hospitalisation. (Miles 1981)

At the time of recording, the balance between the sexes was uneven in Community B, there being only 4 men to 8 women. Records indicated that this was atypical.

The previous place of residence and the number of previous admissions to mental hospital indicate that there was a tendency for Community A to be used as an alternative to the acute wards of the hospital, whereas Community B was a stopping off point after an admission to the acute wards. This could be taken to indicate that the problems of members in Community A were at a different stage or were perhaps more intractable than in Community B. In practice, however, as the presenting problems were much the same, and no-one was admitted to Community A when severely disabled by mental breakdown, it may be a matter of chance concerning place of residence, the orientation of their GP etc., where young people are sent when their difficulties are long-term but not acute.

The typical clients in each community may be described as: in their mid-twenties, white, with above average educational attainment,

no obvious physical handicaps, and possessing qualities as perceived by the staff such as "motivation" or "potential for growth". The problems for which they were mostly referred seem to be long-term or recurrent depression, frequently associated with suicidal gestures or abuse of alcohol.

Although members of both communities were occasionally violent and had at times indulged in petty crime, none could be described as dangerously violent or criminal. Only one client in the whole study was non-white.

Setting, Staff Structure, Treatment Ideology, Programme

Following the description of client groups and aims which, it has been argued, are similar in both communities; a description of the organisational structure, staffing arrangements, programme and treatment ideology of the two communities will be presented. Each community will be treated separately but points of comparison will be referred to as they arise.

Community A - The Setting

Community A was situated in a single storey, prefabricated ward in the grounds of a large mental hospital on the outskirts of London. The surrounding area was suburban and had large West Indian and Asian communities who furnished most of the ancillary workers in the hospital. The hospital was over 100 years old and had a long-standing reputation locally as a "looney bin". Large parts of the hospital were originally built underground and although the tunnels and chambers contained mostly pipes and cables, the stone beds and tables embedded in the floors were still in position. Despite the move above ground in the late 19th century, the hospital was a forbidding place. Surrounded on

three sides by high spiked walls, the entrance was a huge gate-house which still bore obsolete notices about patients showing passes before leaving. On the fourth side the walls had been removed and replaced by tennis courts and bowling greens (not for the use of patients), roads and car parks, which led on to a modern general hospital next door.

The buildings of the mental hospital were a mixture of post war prefabricated huts and large red brick barrack-type buildings, 3 or 4 stories high, with iron staircases covered like cages with thick wire mesh, and with bars on the windows. In the centre of the complex was a very large barn of a church - which added to, rather than detracted from, the sense of foreboding which hit the visitor on entering via the gate-house. One of the therapists informed me that in the patient subculture the hospital was known as "Colditz".

Despite the appearance of the hospital, most of its inmates were a danger only to themselves. It was rapidly becoming a "psycho-geriatric hospital" according to one of the staff of the community, and periodically there were attempts to question the need for the two specialist units - the alcoholic unit, and the therapeutic community.

Community A was situated near a side entrance, away from the main blocks, opposite the two porta-cabins which housed the psychotherapy department. The community had, during its 10 years existence, survived several attempts to get it closed down or moved to unsuitable premises. The staff recognised the limitations of the present building, but it was accepted for want of anything better being on offer. The accommodation consisted of 6 or 8 small side-rooms along a shiny lino-tiled corridor. These were used as staff and group rooms, bathrooms, surgery,

and a small kitchen. At the far end from the entrance there were two wings and a small sitting room/TV room. To the left was the male dormitory - 20 beds, open plan, screened off by cloth and iron screens from the area used for community meetings and at other times as a sitting room/games room. To the right of the corridor was the female dormitory which was screened off from the area used as a dining room.

Apart from the occasional untidiness and the noise, there was little to distinguish the Community from the prefabricated wards which surrounded it. It was furnished with institutional furniture, cleaned daily by ancillary workers, and although there were a few posters on the wall and some paintings in the community meeting room, there were few signs of any creative impact by the members on their environment. This state of affairs, which will be discussed later, was not entirely due to the apathy of the members. The hospital nursing administration discouraged innovation in the ward.

The effect of the architecture was to underline the message that the Community was part of a hospital. There was no possibility of any privacy for the members and as none of the regular staff were on duty at night there was no sense of the ward being a home for anyone. When the researcher negotiated sleeping overnight in one of the side rooms several members were irate that he should be in the privileged position of having a private room. One member suggested that the research would be meaningless unless there was some investigation of the conversations after lights out, and she suggested that the researcher should sleep in the men's dormitory. The proposal fizzled out when a nurse asked why in that case it should be only the men's dormitory.

Staffing

The community was started by and owed its continued existence to the consultant psychiatrist. One of the charge nurses said once that: "H (the consultant) is the community". Although as with the other doctors involved, the consultant only worked in the community3 mornings per week, he was invested with most of the characteristics of a "charismatic leader".

In addition to the consultant there were two therapists (both doctors) who worked part-time like the consultant and attended therapy groups and community meetings on the mornings they worked. There was also a junior doctor who was responsible for the medical welfare of the members and attended the same community meetings and groups as the therapists. In the event of an emergency the junior doctor would be the person to be called out as he was on the hospital staff, but such an event did not occur during the project.

Just before recording began one of the therapists left and the junior doctor applied for the vacant post. He was accepted and for a while tried to fulfil both roles (with some difficulty) until his training period was over and another junior doctor was drafted in. After this he continued as a therapist only.

The regular full-time staff were all nurses. The official complement should have been 2 staff nurses, 2 charge nurses, 2 student nurses and a night nurse, but in practice the Community was always under-staffed. Nurses were supposed to work in teams of two (or three counting students) in two 8-hour shifts. The night nurse acted as night watchman during the remainder of the 24 hours. The nearest the staff

team got to its full complement during the period of the research was 2 charge nurses, 1 staff nurse and 1 student nurse. The effects of this understaffing are crucial to the regime that had developed.

There were 3 other part-time staff in the community: an occupational therapist, an art therapist, and a social worker. The occupational therapist was employed for two sessions per week to organise leisure activities. As it happened she was also the wife of the junior doctor/therapist. The art therapist had one session per week in the community which was sparsely attended, although several members attended the art therapy department at other times in the week. The social worker's time was shared between the community and another of the hospital's consultants, who in fact demanded a greater part of her time. The Community's consultant was in a weak position to argue for more of her time, since the main function of a social worker in a mental hospital is to make arrangements for the discharge of patients back into the community. As the therapeutic community claimed to be in the business of rehabilitation, the other consultant could and did argue that the community had no need of a social worker. The social worker's time was whittled down so much that after 8 months, she decided reluctantly to give up working in the unit, although she did continue to attend the Family Support Group. This was a much valued innovation set up by the social worker and one of the charge nurses, where the families and friends of members were invited to a general discussion group once a fortnight in the evening.

Student nurses were occasionally placed on the ward for short periods, but few volunteered and even fewer stayed. I was informed early on by a student nurse that Community A had a very bad reputation

among the hospital's nurses for the ill-discipline, violence and rudeness of its members. This reputation was confirmed by other nurses later in the study. To the researcher the members of the Community seemed the most normal and ordinary people to reside in the hospital. The sort of disruptive behaviour described as typical of the community was during the period of the fieldwork, a very rare and fleeting occurrence. The other in-patients in the hospital seemed to spend most of their waking hours on large quantities of medication and shuffled around in night clothes. It is possible therefore that the nurses in the hospital expected patients to look ill and docile. Where they were not, then they were presumed dangerous.

The staff as a group met 3 times a week after community meetings, with the exception of the night nurse, who attended a staff meeting only once during the research period. The Nursing Officer responsible for the hospital's special units also attended occasionally, usually at moments of crisis or possible conflict between the community and the hospital administration. The staff fed back a summary of their meetings to the community meeting.

The staff also met once a week for a "staff dynamics group". In this group they examined their working relationships with each other, with help from another psychiatrist from the hospital who acted as consultant. The group's consultant, although not on the staff of the community, was active in the politics of the hospital and had had considerable experience of working in therapeutic communities.

Treatment Ideology, Programme, and Rules

This section will provide a short normative account of Community A's treatment ideology and programme.

Treatment Ideology

Community A according to its own literature used a therapeutic community model with an emphasis on "mutual aid, group decision-making, and a therapeutic alliance of all members - patients and staff." The use of the term "patients" to describe the client group was variable among staff and clients. The more usual term within the community was "members" and indeed "members" were challenged in meetings when they described their status as that of patients. For all official purposes however and when addressing outside agencies, the term "patients" was always used by staff.

The statement about "group decision-making" was qualified in an internal memo to "All doctors" (i.e. in the rest of the hospital) by: "While this implies a considerable degree of autonomous rule, patient power is far from absolute, and in many fundamentals, the medical and nursing staff retain their traditional roles."

Treatment was described as "talk therapy" and there was considerable emphasis on psycho-analytic psychotherapy. In one document the words "psychodynamic expertise" quoted from a paper by a consultant in another hospital is given the explanatory note: "i.e. psycho-analytic" and this equation of psychotherapy with psycho-analytic therapy was a feature of the treatment programme. The therapists were mainly trained in individual analytic techniques, and Freudian terminology was much in evidence. Prospective referring agencies were told that members will "regress, act out, and re-learn correct behaviour". A good referral "should be of an age and intelligence to benefit from Group Psychotherapy."

In Clark's terms (Clark 1965) Community A was a "psychotherapeutic community", although as with most communities a mixed model had developed which incorporated strands of thought from other sources. Despite the obvious preference among the therapists for individual analytic techniques, individual relationships between staff and members were not encouraged. There was no individual counselling except that which occurred informally between the nurses and residents during chats in the office. There was an implicit suggestion that such relationships were a bit unhealthy and "collusive".

Programme

The programme reflected the pre-eminence of group psychotherapy in the treatment ideology. The week was organised around group meetings - 2 community meetings of 45 minutes duration per day, 3 x 1¼ hour therapy groups per week, and one community meeting on Saturday mornings. Following the pattern of most community meetings, business items, personal problems, programme planning etc., could in theory all be discussed, and an agenda was constructed by the chairperson for every meeting. In practice, however, there were large amounts of time in meetings which were quite unstructured, and in which spontaneous discussion could occur.

The chairperson was elected every month after a discussion of the merits of various candidates. The merits did not necessarily include a member's likely ability to chair a meeting, but were more often discussed in a psychological framework relating to internal needs and problems.

The psychotherapy groups were led by the therapists and included the nurses. These groups were closed groups and the discussions were

supposed to be confidential, though of course the staff discussed the contents of their groups among themselves. This fact was known to members but never admitted directly by staff.

The remainder of the week was free time. The activities organised by the Occupational Therapist were nominally compulsory, but were generally sparsely attended. Although sanctions were talked about for non-attendance at activities, none were invoked during the research period.

There was a rota for domestic duties organised by the Team Leader (also elected on a monthly basis), but this was not onerous. Cleaning was a matter of tidying chairs after the community meeting, as a hospital cleaner did the rest during the meetings. Cooking was in practice mainly re-heating partially cooked food from the hospital kitchens. (This was the worst of all possible arrangements. The food was awful in time-honoured hospital tradition, and the final transition from the hospital kitchen to a small partly broken electric cooker in the community kitchen, more or less finished it off.) Thus the only regular jobs were washing up and clearing the dining room.

Rules

As with most therapeutic communities, rules were more often implied than stated. The formal rules were: compulsory attendance at group and community meetings; no drugs; no sex; no violence; no alcohol in the ward; and no noise or lights in the dormitories after 11pm. Breach of these rules did not imply automatic sanctions. Sharp (1975) found that breaches of rules were interpreted in the light of the developing case-profile of the member and the staff's perception of how the community

was functioning, and this seemed to be the case in Community A. The formal sanctions available were: "semi-warding" - a member may only leave the ward if accompanied by another member; "full-warding" - a member was confined to the ward, and their outdoor clothes confiscated; and expulsion. There were no expulsions during the period of research; three members were fully-warded, one semi-warded. Other rules were negotiated as situations arose and these are part of the subject matter of the following chapters.

It should be noted that the no "drugs" rule applied both to drugs obtained illicitly, and to drugs prescribed by G.P.s or other psychiatrists. If necessary new members were allowed to wean themselves off psychotropic medication, but the understanding was that behaviour would be interpreted rather than suppressed by drugs.

Community B - The Setting

Community B was one of a number of "half-way house" therapeutic communities run by a large charitable welfare organisation, which provides a range of services to a variety of client groups; though the majority of its communities were for young adults, who had spent periods of time in the acute wards of mental hospitals. The parent organisation retained a high degree of control over the communities since all matters of finance, and the appointment and deployment of staff, were managed at the organisation's headquarters. There were in addition supervisors who monitored the progress of the communities and reported back to the organisation the results of regular checks and assessments. Staff working in the communities were offered training at all levels, partly in order to ensure a basic standard of competence among staff and partly, according to the junior staff, as some compensation for low salaries and long working hours.

At a day to day level communities could organise themselves, within parameters laid out by the staff manual - a large and complex document which covered a wide range of suggestions and regulations for coping with organisational matters and with therapeutic practice. When new situations arose a new directive might be issued to be added to the manual. If a community wished to innovate, then negotiations were conducted with the parent body via the supervisor.

The Community's accommodation was in complete contrast to that of Community A. Situated in a smart residential suburb, it was one of a road of large, detached Victorian houses, with a large garden which contained a tennis court. To one side was a two-bedroom bungalow which the staff used as living-in accommodation, but which the parent organisation threatened at various times to reallocate for use by senior management staff or visitors from abroad. The issue was unresolved by the end of the fieldwork but the community's staff were still in possession.

The house was warm, clean and well-maintained. The ground floor contained lounges and staff offices. Bedrooms and staff flats were on the second and third floors; the kitchen and dining room in the basement.

In this community the client group were referred to as "residents" so that terminology will be followed here. Male residents had their bedrooms on the third floor, female residents on the second floor. There was a mixture of single, double and treble rooms, but as the Community was under-occupied most residents who wanted single rooms were able to have

them. The staff who lived in had single bedrooms on the mezzanine floors at the other side of the house from the residents, but not out of earshot nor with separate entrances. There was thus both an opportunity for a certain amount of privacy for residents and a sense of communalism - that the house was someone's home. This was not an unmixed blessing for the staff who all would have preferred to be separate from the residents or to have lived outside the house altogether. There were real problems for staff in maintaining the distinction between off-duty and on-duty periods; and in managing their own personal relationships with each other and with friends outside, in the full view of the community. This was particularly difficult when entertaining guests of the opposite sex, since their own rooms were more clearly bedrooms than sitting rooms. The privacy of the bungalow was thus a welcome space for staff when off duty.

Staffing

Officially the staff team consisted of:

Warden

Deputy Warden

Assistant Warden

Trainee

2 Volunteers

plus the Supervisor who attended about once a fortnight.

The staff picture was in fact quite complex during the period of study. The Warden, a former clergyman, had been at the Community for about 3 years and was looking to move on, preferably within the organisation. He in fact did leave shortly after the research ended following a long period of sick leave. The Deputy had been there for almost as

long as the Warden but there had developed increasing friction between them which came to a head shortly after the Deputy returned from a period of senior staff training. It was becoming evident that one of them had to go, and shortly before tape-recording began, the Deputy took an extended spell of sick leave, and returned to find that the Supervisor with the agreement of the Warden and of her superiors had decided it should be her who should leave. This was something of a shock, since for some months it had been the Warden who was threatening to leave. The Deputy left immediately with great bitterness, on the first day of tape-recording, and she was quickly transferred to be Warden of another community.

Earlier during the fieldwork a long-standing assistant warden, (basic grade member of staff) left to return to her native country and was replaced shortly before tape-recording began, by another less experienced staff member from another community.

The trainee was a mature man who had left a seminary to take up residential work, and he together with one of the volunteers - a German woman who had come to England on an exchange scheme - provided the most stable part of the staff team. The other volunteer although rather young was well-liked and respected by the residents.

The staff worked a complex pattern of shifts which included an on-call rota at nights. Usually there were two or three staff members on duty, though in this community also there were considerable problems when staff had left before their replacements moved in, or were off sick for long periods.

The staff met as a group 3 times per week. The staff meeting was mainly devoted to routine business and to monitoring the progress of residents. As it was held just before the main weekly community meeting the agenda for the community meeting was discussed and in part constructed. If there was some difficulty predicted in the community meeting staff would plan strategy and joint action. There was no formal feedback from the staff meeting into the community meeting.

The other staff meetings were devoted to "dynamics", i.e. the staff discussing their working relationship (see Chapter 3); and to staff "learning". This usually consisted of one member of the team doing a presentation on some aspect of the work as a way into a group discussion.

The staff also met for a brief period just before and just after the community meeting, and at "handover" (change of shift) to pass on information and share difficulties. The "post group" after the community meeting seemed to be mostly to assess whether staff objectives had been achieved and to jointly make sense of what had happened as a basis for future action.

Treatment Ideology, Programme, Rules

Although informed by a psycho-dynamic approach to individual and group relationships, Community B was not a "psychotherapeutic community". There were "groups" for talking about personal problems, but the staff never claimed any expertise in group therapy or psycho-analysis. Most counselling about individuals' problems was done in private, with the staff member who had been appointed as the residents' "counsellor". The

encouragement of individual relationships between staff and residents was in stark contrast to Community A where such relationships were challenged and held up for public scrutiny. Staff did discuss their "counsellees'" problems among themselves and this was acknowledged to the residents. Material brought into counselling however was kept confidential from other residents.

The ideology may perhaps best be described as "sociotherapeutic" (Edelson 1970). The Communities' own literature stressed structure, caring and joint monitored activity.

"Much emphasis is laid on the acknowledgement of residents' own resources and needs, <u>especially in the work situation</u>, and on the willingness and ability of each member of the community to accept and understand one another." (Emphasis not in the original.) In practice this was translated as the belief that learning work discipline, self-management and life skills, would prepare a resident for rehabilitation into work and social life. The learning process was considered by the staff to be based partly on teaching and modelling by staff and other residents, partly on bringing residents to understand the dividends associated with social success and the penalties of the failure to discharge social responsibilities. Explicitly punitive attitudes were rejected, but there was a firm insistance that discharging the basic tasks of running the community - cleaning, cooking, etc., was one of the main conditions of continued residence. Thus activities and relationships were continuously monitored in meetings, and deficiencies in performance discussed. Problems and difficulties were rarely discussed in the public arena in terms of transferance and unconscious

emotional constellations, as they were continuously in Community A, though individual members of staff and some residents with psychotherapeutic experience did from time to time introduce such frameworks into the meetings. This lack of emphasis on the unconscious elements of personal difficulties may have been both ideological, and a response to specific difficulties among the staff at the time of the research.

Programme

The programme was deliberately structured by the staff in a pattern which resembled a working week. Each morning was devoted to cleaning for two hours, followed by a meeting (coffee group) for anything up to 1 hour or more.

After lunch there were compulsory groups on 3 afternoons per week with an optional group on the 4th. The activities in the compulsory groups varied according to staff and resources available. There was Art for a period when an art therapist was hired, dance when a dance drama specialist was available, and when the allocation of cash to bring in outside workers ran out, the group was made into a "recreational group". In this staff offered various leisure activities - sport, walking, cooking, brewing, indoor games. Residents had to opt for one activity.

The regular afternoon group, the content of which was only changed slightly during the study, was known as the Project Group. This began as maintenance and gardening, but later the staff decided to make it more creative and various projects were offered which involved making things as well as repairing them. In theory a resident was appointed as leader of the project group for the period of a month. In practice

staff ran the group with the leader acting as a peripatetic "whipper-in".

The work group "fore-person" who also chaired the coffee group had a more active role as work organiser, supervisor and assessor. Neither the fore-person nor the group leader were elected. The appointment of foreperson was done on a rota system which was not totally inflexible. If a person for some reason had to miss their turn the job would automatically go to the next person down the list and so on. At odd times the community had to decide by other means who was to be foreperson but this was an unusual occurrence. The projects group leader was nominally a volunteer, but this was subject to right of veto by the staff who took an active role in encouraging suitable applicants.

In Community B, weekends and most evenings were free apart from cooking and cleaning up. The exception among the evenings was Monday, when community meetings were held. The community meeting was chaired by residents on a rota basis but the agenda was compiled mainly by the staff. There was a "community slot" when residents could raise topics which bothered them but this was cut out or curtailed when the agenda was overcrowded.

In contrast to Community A, cooking facilities were quite adequate in Community B and residents planned meals, bought food and cooked with a minimum of help from the staff. The cooking rota was organised on the basis of residents and staff putting their names down on a chart at the times which were most convenient to them. This seemed to work

well, and there was rarely much public discussion about the construction of the rota, except when the staff failed to put their names down.

Rules

The rules in Community B were not dissimilar to those in Community A. There were additional activity groups which were compulsory for all those not out at work, and the requirement that residents should pay a part of their sickness or unemployment benefit as fees to the parent organisation, but otherwise the only other significant difference related to the use of drugs. Illegal drugs were prohibited, but most of the residents continued with the medication prescribed by their G.P.s or psychiatrists and in some cases the doses were quite high. Residents were mostly expected to manage their own medication, but where there had been some abuse the staff could insist on taking over the distribution. There was never any suggestion from the staff that residents should attempt to wean themselves off their medication, and indeed one or two of those who left were advised to remember to continue with their pills. Attempts by residents to reduce their dosages or avoid medication altogether were regarded with unconcealed anxiety by the by the staff, who on several occasions mentioned fears that particular residents might "go over the top" without drugs.

Sanctions for breach of rules were rather different in Community B in that a scale of negotiated agreements and contracts (i.e. promises of future acceptable behaviour) was in operation. The contract would be published and signed by a member of staff (probably the counsellor) and the resident who had offended. Breach of contract carried the risk of 2 weeks notice or immediate expulsion, depending on the seriousness

of the offence. Non-payment of fees was usually handled by reporting the matter to the agency who provided the bulk of the residents financial support, and who would be expected to make up the loss to the organisation should the resident default.

If a resident showed signs of agitation or behaviour which the staff felt was irrational or potentially dangerous, the "pyschiatric cover" was immediately invoked. Psychiatric cover meant that each resident was covered by a psychiatrist who theoretically knew the case and would re-admit the person to mental hospital if it became necessary. This happened 3 times during the research period. Two residents left for good this way, one temporarily.

Selection and Admission of Residents

Both communities operated a system of referrals from medical and non-medical agencies, though referrals to Community A had always to come via a doctor. In Community B a doctor was always involved via the "psychiatric cover" but this was sometimes arranged after a person had been accepted for admission.

The admission procedure after the staff had seen and discussed the applications was similar in each community. Residents and staff were involved in both formal and informal interviews over the course of a day, and the applicant was then discussed in their absence at the next opportunity. The critical difference was in the way the final decision was made. In Community A, staff and residents interviewed applicants together, reported back jointly to the community meeting and the community then voted on whether to accept the person. In Community B, staff and residents conducted separate interviews and then

discussed the applicant before the final decision was made by the staff.

These procedures were contraversial in both communities because in both cases the residents felt that they did not have sufficient influence in the process of selection.

SUMMARY

It has been argued that the two communities studied were similar in terms of goals, size, population, rules, and in the centrality of community meetings in the daily routine. Differences have been described in their treatment ideologies, accommodation, facilities and use of space, programme, and in the professional and administrative structures from which staff and finances were drawn.

Both were described as therapeutic communities and subscribed in general terms to the negotiation of an alliance between staff and clients in the management of daily routines and in treatment activities. Community A may be characterised in terms of its ideology as a "psycho-therapeutic community". Community Bwas predominantly a "sociotherapeutic" community.

CHAPTER 5

METHODOLOGY

METHODOLOGY

The methodology of the present project is mixed in the sense that it involved a period of participant observation in each of the two communities studied (6 months in each) culminating in the tape recordings of all community and ordinary staff meetings for a period of 2 weeks. The tape recordings of this "time slice" of the communities' lives were then transcribed into scripts and subjected to content and textual analysis in order:

1) To check on the reliability of the observations of the researcher;
2) To give the researcher the opportunity to consider in detail interaction which at the time moved too fast to be adequately reported;
3) To analyse more carefully the linguistic and ideological frameworks in use within the communities.

The period of two weeks in each community for tape recording each meeting was chosen because it was felt to be the minimum period in which the community would respond naturally to having microphones around and getting on with its usual business; and the maximum time for which a single researcher working on his own could analyse the data produced in sufficient detail. Neither of these suppositions was tested prior to recording, but in the event this latter at any rate proved to be correct. Given more time and perhaps another researcher, recording for two weeks and then returning for another two week period later would have been interesting, but it was felt that where process studies of "real life" are concerned no accumulation of data can ever

be considered complete, because the social picture is always changing. The best that can happen is that two or three frames of the moving picture are held in focus and examined critically and systematically.

Initially in community A the researcher adopted an "open research scheme" (Becker 1961). The fieldwork was deliberately approached with very few preconceptions about theoretical linkages in order to ensure that negative evidence or evidence which did not immediately fit predesigned categories would be available for consideration. The broad research question concerned the management of conflict e.g. What issues came up; who raised them; how were they raised; where were they raised; how were the issues framed in the discourse, and how were they disposed of? The researcher was therefore sensitised to the emergent meanings which evolved around issues for the various sub-groups and individuals in conflict and to the strategies of the public arenas where the issues were defined, debated, interpreted, and eventually disposed of (temporarily or permanently).

For the second part of the study in community B there were certain constraints, in that it seemed important for purposes of comparison to reproduce as nearly as possible the research role and stance which had evolved within the first community and also to reproduce as nearly as possible the sequence of demands made by the researcher on the community. In other words the negotiation of access, the definition of the research task and the negotiations with the community were consciously designed to be as close as possible to the approaches to the first community. Thus the researchers own negotiations with the two communities provided the starting point of the project.

Participant Observation

It is no part of this project to discuss in detail the merits of participant observation as a research tool. This would involve historical and epistemological discussion which has already been covered extensively (Bruyn 1966; Adams and Preiss 1960 Cicourel 1964; McCall and Simmons 1969; Denzin 1970). For Denzin it is a question of which methods are most suitable to the task in hand. Participant observation lends itself well to analysis of process (Denzin 1970; Olsen and Whitaker 1968/9), particularly where studies are exploratory, comparatively short and intensive, and in settings which are small and well defined (Sharp 1974).

One of the most recent sociologists to work in therapeutic communities (Bloor 1978) argues that the only possible research strategy in such settings is that of participant observer. The reasons he gives are:

1. That a non-participant observer places undue strain on both researcher and community members, thus bringing an increased likelihood of distorted data;
2. That the quality of the observer's data will be enriched through being able to reflect on his/her own experiences as a community member.

Becker and Geer (1960)give an outline of a sequential approach to participant observation where a study is "oriented to an understanding of an organisation and its local circumstances rather than to demonstrating relations between variables"(p.259). The methods

followed in the present project are consistent with their stage by stage approach; from the identification of problems and concepts through to the construction of social system models. Checking our the frequency and distribution of phenomena was achieved via the content analysis of tape recorded meetings which is described below.

Problems with Participant Observation

Problems with participant observation turn mainly on the reliability of the observer's account, i.e. is it possible for the researcher to be both observer and participant? Specific difficulties have been raised concerning the inevitable selectivity of the observer's reports (Zelditch 1969); the tendency of the observer to become socialised into the groups he is studying (as in Whytes well-known dictum: "less of a non-participating observer, more of a non-observing participant"); and the related difficulty of an observer becoming identified with, and sensitive to one of the groups he is studying and correspondingly less sensitive to others (Miller 1969). These objections are disabling to those who hold to the positivist approach to research. With participant observation studies replication is virtually impossible and the hypotheses generated are not testable in terms of strict statistical relationships.

The objections are taken increasingly seriously by those who use observational methods. A recent issue of the Administrative Science Quarterly (December 1979) was devoted to problems of validation and selectivity in "soft" qualitative data. Nonetheless it is held that an adequate theoretical understanding of social phenomena must be grounded in a comprehensive analysis of the situated understandings of

behavioural sequences of the social actors themselves. It has been argued in an earlier chapter that failure to take differential meaning and understanding into account has been the great weakness of much theorising about the therapeutic community. The "symbolic interactionist" perspective allows the researcher to take account of emergent understandings as people define and redefine social situations and elaborate their actions accordingly. Blumer (1969) argues that people develop action out of the meanings which they attribute to social situations, and achieve a fit between their actions and those of others through the process of revising and interpreting the meaning of actions. For Blumer the functioning and fate of institutions are set by this socially defining process of interpretation as it takes place among their members. This does illustrate what is felt by some to be a possible weakness in what Sharp (1975) calls the "phenomenalism" of the perspective.

Drawing on the work of Denzin (1970) and Rock (1963) he argues that a perspective "which stresses the need to faithfully reproduce the social world as it is known by the inhabitants" could lead to an over-concentration upon the individual, ignoring the possibly rhetorical and rationalising functions of certain communciations. Denzin (1970 p.10) argues that analysis "must simultaneously link man's symbols and conceptions of self with the social circles and relationships that furnish him with the symbols and conceptions. Too frequently failure to achieve this link leaves studies of human conduct at an individualistic level, and as a consequence the impact of broader social structures on subjects conduct can only be indirectly inferred."

Analysis using "negotiated order theory" attempts to rectify this.

Methodologically however there is no single formula through which stable forms (structure) and processual forms can be related, except through the careful sifting of different kinds of data relating to the same social events. It is for this reason that we have included observational data, documents produced by the communities relating their history and ideology and tape recordings of real events. Validation comes therefore through the convergence of data from different sources and methods, what Denzin (1970) refers to as "multiple methods" and the "logic of triangulation".

The other objections concerning the reliability of observers accounts must be dealt with through careful attention to what Sharp calls the "key problem" for this type of research - the day to day mangement and conduct of the observer in the field; and to the recording and retrieval of observational data. How these problems were approached in this project will be discussed in the next section.

Presentation and Development of the Researcher's Role

The present writer began the field work to some extent as an "insider" having worked as a member of staff in a community (not one of those studied) for seven years. The experience had been stimulating and the starting point was from a position of being broadly in sympathy with the approach although sceptical of the way in which the theory of therapeutic community was usually formulated by practitioners.

Being to that extent an "insider" was both a help and a hindrance. It was a help in that it undoubtedly influenced those who were approached for permission to conduct the research to trust the

researcher. The cross-questioning about motives and insight into the way communities operated which outsiders are usually accorded was notable by its absence. At no stage initially or during the project did anyone suggest that the researcher's presence might be damaging to the communities, and even the refusal to join in staff postmortems on community meetings or other events caused no more than a few anxious jokes. There were no occasions as in Sharp (1975) when such refusals provoked comments about the researcher's personal difficulties, nor was there any apparent felt need for this writer to be "coached" about appropriate behaviour in the setting. The other side of the coin was the fantasy that the researcher was a silent "expert" who would at some point reveal all and pronounce judgement on the various disputes which he had observed but not participated in. This led to interesting consequences when some of the data was fed back to the communities which will be discussed later.

The problem was to develop a role which would contaminate the data as little as possible and at the same time enable the researcher to fade into the background at points where live issues were being recorded. It was decided not to follow Bloor's dictum (1978) that the "only possible role for a participant observer is to participate as a junior member of staff". The obvious reason for this is that in a study of conflict the researcher had to steer clear of membership of the various interest groups. Argyris' point was taken seriously that:

"the researcher may in no way join existing, or create hidden or open power groups with which to attempt to influence participants, on any level of the organisation..." (Argyris 1958).

The stance adopted was quite openly that of a researcher - neither staff nor resident. Following Sharp's lead (p.54) it was made clear to both staff and clients that the reseach was for the purposes of a higher degree, and not on behalf of any part of the orgnaisations being studied. The researcher refused, despite being offered, keys to the staff room and other areas from which clients were barred unless accompanied by a staff member.

Even so, this posed particular dilemmas, in that on occasions, staff "helpfully" left the staff room unlocked thinking that the researcher required access and thus creating a dilemma, particularly if clients were about, as to whether the door should be shut on the catch or left open. This of course created a situation which certainly would not have happened without the researcher's presence. In these instances the researcher either used his discretion and waited until clients were not about or said quite openly when challenged that although his task was not to enforce the rules, he had agreed not to break them, and that as it was a rule for the staff door to be locked he had to abide by it. This approach may have sparked off or reinforced attitudes towards the staff which would have otherwise remained latent, but in keeping with the role of a minimally participant observer it was felt that such events should be kept to a minimum though obviously where they occurred they provided additional data. There was no intention to use ethnomethodological (Garfinkel 1967) techniques of disrupting routines in order to reveal the hidden structures of mundane interaction. It was felt that in such settings this would have been unacceptably antagonising to staff and members and would also have been likely to provoke conflict and change based on the

researcher's insights rather than those of the staff and clients.

The ground rules which the researcher adopted were explained to both staff and clients from the beginning. They were:

1. The researcher would not participate in meetings except to talk about matters concerning his presence in the community or about the research.
2. The researcher would not act as a channel of communication between any parties in the communities. Argyris again highlights this as a potential danger area:

   "Another way a researcher can entangle himself in the organisation is to promise some employee to communicate something which the employee has been unable to communicate himself" (p.118).

3. That the researcher would not himself break community rules, e.g. drinking alcohol on the premises.
4. That when the research period had finished the researcher would make himself available to the community in whatever ways they wished, to discuss any aspect of his work.

The last point was important in that it discouraged too many demands on the researcher during the fieldwork. Even so, there were explicit and covert demands for the researcher to take a more active role.

The Researchers Role - Community A

A good illustration of the demands made on the researcher was that the staff in Community A asked the researcher if he would mind taking

the notes for their meetings. The explanation was accepted that this would involve him in decision making and would force him out of a role. A more difficult and more revealing situation arose in Community A due to the unconditional access which the researcher permitted to tape recordings of community meetings. A question arose about whether those who had absented themselves from meetings should be allowed to listen to the tapes because some members felt that a member called Pauline had been prompted into getting drunk by listening to people discussing her in a meeting which she had missed. (Pauline at all times denied this). The discussion split both the staff and the members. The consultant opposed any restrictions and said that what was public should not be controlled like that - it was not a "police state". Another therapist felt that the members were quite right to object to someone who had wilfully absented herself from a meeting listening in on what was said about her. Inconsistencies in staff practice were also revealed in that some staff made it known that they refused a sight of the community meeting log to members who had missed meetings, unless they had missed them for a "good reason" such as a dentist's appointment. The staff, however, passed the matter on to the members with no advice, decision or even any collective prompting about how they should handle it.

The community meeting at first wanted to leave it to the researcher's discretion to decide what would be a "good" reason for missing a meeting. When this was pushed back to them a long argument ensued which was unwittingly ended by the researcher himself, thus illustrating the difficulties of maintaining even the most carefully thought out role. Towards the end of the meeting Andy proposed a

compromise (or perhaps "get out" is a better expression) that as the research period was nearly over they should make no changes to the rules and hope that nothing awful would happen. This received some murmers of assent and after a little more discussion Jenny turned to the researcher and asked if he had got a decision about whether he could give people the tapes or not? At the time believing that Andy's suggestion had been accepted the researcher said he felt he had, and repeated what Andy had said. This was followed by immediate relieved agreement from all the members, and the subject was dropped. However, on listening to the tape it is clear that at least one person (Dick) speaking at the same moment as the researcher and therefore when he was unable to hear it at the time, answered Jenny's question in quite a different way. It was plain therefore that the researcher had enabled them to avoid resolving their differences. This does illustrate a point which comes up forcibly in the tape recorded part of the data - that the members of Community A found it very difficult to make a collective decision about anything.

For the researcher it provided an object lesson in how easy it is to slip into a leadership role when a particular outcome is convenient. Andy's suggestion seemed at the time (wrongly we feel upon reflection) the best solution to a problem which was giving too much prominence for the writer's comfort to the research itself. Hence the strategy of picking out a member's suggestion to crystallise a desired solution effectively ended a potentially fruitful source of data. (A more detailed account of this incident can be found in Grove (1984)).
There were other points at which the researcher found when reviewing the tape that he had been improvising strategy to deflect awkward

questions about for instance his privileged access to staff meetings. One strategy for instance characteristic of skilled participants in meetings was to answer the questions with questions to retain the initiative and defuse the force of a challenge. The researcher discovered to his consternation that his "frank open style" was liberally peppered with such devices when he felt momentarily at a loss in answering a challenging question.

The Researcher's Role - Community B

Because of the detail with which the agendas of community meetings in Community B were pre-planned it was almost impossible for the researcher to be drawn into a meeting unless he put his own name down to discuss a research issue. The staff did attempt to get him to "register" his feelings before community meetings in the pre-group ritual, and having made the point that this would take him out of the role twice, further inquiries were responded to with a non-verbal gesture signifying general well-being. The pitfalls for the researcher in Community B were of a slightly different nature therefore. Instead of opting out of daily chores it was decided to participate in work groups, performing the tasks allocated well and not too quickly in order not to draw too much attention in the feedback. This was, however, a live issue and whether the researcher did the work slowly or quickly could have been interpreted as allegiance to either the staff group or resident group. In the end as a compromise it was decided to opt slightly more for the resident position, making the work fill the time, but doing it thoroughly. The researcher did not complain if those he was working with disappeared but left it to the "foreperson" to maintain order. The risk of contaminating the data by showing,

albeit passive, allegiance to one group had a positive effect in that it enabled the researcher to keep a low profile and gave him access to informal communication from residents which would have been difficult to obtain if he had held aloof from the daily chores. No staff member ever indicated awareness of how the researcher handled his role in the work group. The residents, however, did not consider him entirely one of themselves. It was with considerable glee that they chided him for the state of his bedroom in much the same way as if a staff member had been caught committing a minor impropriety.

The issue of confidentiality was never raised by the staff of either community. Either they were completely trusting that the researcher would not reveal their discussions, or they were too polite to say otherwise.

The clients in both communities, however, tested the researcher out thoroughly directly and indirectly before relaxing into easy communication about matters that were not for staff ears. In Community A Andy tested out the researcher by confiding a piece of information then waiting to see if it appeared in the staff feedback (he admitted this afterwards).

In Community B the test was open and instantaneous. A large group of residents was sitting in the lounge chatting when the researcher came in and sat down. Conversation ceased dramatically and Amy as spokesperson voiced what seemed to be the general feeling:

"We'd better shut up - he might be one of them"

This opening gave the researcher the opportunity to explain his

position once again and although their suspicisions were not instantly quieted there was quite quickly a sense that information would be contained (cf. Olsen & Whitaker p.387).

This was to some extent confirmed by Amy at the end of the research who noted that:

"You have got on with both lots".

The difference between the two communities in this respect was an early piece of evidence of the relative cohesion of the resident group in Community B which struck the researcher quite forcibly at the beginning of the fieldwork and was subsequently confirmed across other situations.

Negotiating Entry

The negotiations between the researcher and each community were written up in diary form. The researcher devised a strategy which it was hoped would build up confidence within the communities and at the same time give opportunities to opt out when the full implications of what research would mean were known.

Stage I was a period of informal contact. The researcher attended the community for meetings and for other periods during the days and evenings. At this stage no commitment was required but it was made clear that after 4-6 weeks a series of proposals would be offered by the researcher for discussion.

Stage II was to present to the staff proposals for a period of participant observation followed by a period of tape-recording.

It was stressed both to the staff and to the members that the tape recording was essential, but that prior to the main block of recording the researcher would do some experimental recordings with the purpose of a) allowing the community to see how it felt; b) solving the technical problems of recording in far from ideal conditions. After these experiments the community would be expected either to reject the proposal or give a firm commitment to the researcher. In the event of a rejection it was explained that there would be no attempt at arm-twisting nor hard feelings, and the researcher would simply look for another community in which to work.

It was recognised at least by the researcher that by building up the agreements to permit access in this way and always provided the relationship between the writer and the staff and members did not become strained, then liklihood of agreement would become greater as the researcher became a familiar and accepted figure. The problems of the role of the researcher have been considered earlier but it should be said that at no time was any attempt made to persuade the communities that there was anything in the research for them except the possibility of some interest in the findings of the research. The researcher adopted a very open stance about the inconvenience and possible distraction from microphones etc., and presented the information very much as a take it or leave it proposition.

As a negotiating strategy this was very successful. Members afterwards said that it was quite "flattering" that someone was interested enough in them to want to record their meetings and do

research. It was also intriguing to the members and, in Community "A" at least, an additional interest which members said they missed when it stopped.

Negotiating Entry - Community A

The staff were apparently quite enthusiastic from the beginning though the motives of the different sub-groups were probably different. Needless to say the researcher was not privy to these at the time. The consultant H. was particularly keen on research being done in the community and from various discussions he made it clear that he regarded it as part of the task of the community to assist in the investigation of therapeutic community practises and to invite interested outsiders in to learn and comment on what they saw. There was one moment of ambivalence from H. when he perceived how difficult it would be to refuse the request to tape record but this passed and he announced that he was quite used to being recorded so he wouldn't mind.

The members found discussion of the request quite difficult in that they did not seem to know what questions to ask and clearly felt unable to make statements. In the end after two attempts to get the matter agreed the researcher suggested that they decide in his absence when they might feel more free to say what they thought. The consultant H. said that he thought it would help them make up their minds if it was announced that the staff had agreed to have staff meetings taped ("sponsorship" cf Olsen & Whitaker 1968). This indirect pre-arranged pressure from staff (not initiated or encouraged by the researcher)in the form of feedback from meetings was a significant factor in the relationship between negotiation settings and will be discussed in a

later chapter. The agreement was reached with only one member - Ginnie - raising objections. Ginnie was in a minority of one in the voting and raised no further objections. After the first experimental recordings she was asked how she felt and said she felt fine and couldn't remember why she had objected. The rest of the staff made few comments and seemed to accept H's lead. This according to S. a social work student was characteristic of the staff group at the time.

Access was granted by the staff to all but one of their meetings. In both communities it was held that the staff "sensitivity" or "dynamics" group should remain closed. At the very beginning of the project the researcher did not feel in a strong positon to insist that this meeting should be included and spent the remainder of the project regretting that he had not done so. This was a loss to the data in that a dimension of the working relationships between the staff was lost. The omission arose because of the initial reluctance of staff in Community A and then in Community B to have on tape discussions about themselves and their personal lives and characteristics. The researcher felt that given the time available it was better to accept this from the beginning in order to speed up acceptance of research and confidence in the researcher. Had the period of fieldwork been longer there is little doubt that the staff's initial reservations would have modified as they became familiar with the research process. The staff in Community A at the very end of the research period in fact suggested that the resarcher should tape record the "dynamics'group because they themselves were interested in a more detached and detailed look at the group, which they felt was not working satisfactorily. Then however there was no time to gather sufficient material and the

association with the other recorded meetings had been lost. It is possible that the staff's wish to avoid exposure to a recording machine may have been connected with a crisis between staff sub-groups two years before which had left very deep wounds and still had the effect of making open conflict among the staff very muted and polite.

The question of access to the therapy groups was also difficult. These were highly valued by both members and staff and were regarded as safe places in which to express feelings about personal matters. There was an issue about the confidentiality of these groups but the rule was that matters which concerned the communities daily life should be brought to the community meeting. The researcher reluctantly decided not to press for access for 3 reasons:

1) It would have been difficult to select one of the groups and to generalise from that to the others.
2) It would have increased the amount of recorded material to an extent which would have been unmanageable
3) The researcher already knew that there was no equivalent in other possible settings/or the second half of the study. Informally it was very easy for the researcher to hear differing accounts of these groups so they were not entirely lost as data.

Negotiating Entry - Community B

As in Community 'A' both residents and staff seemed at a loss to know how to respond or what questions to ask when faced with a direct request for access. Such discussion as there was mostly conducted out

of the hearing of the researcher and not in the formal arenas. The staff in Community B asked more questions than the staff in Community A and there was less of a tendency for staff to defer to the leader of the group. Nonetheless discussion of the issues was perfunctory and much seemed to hinge on the staff's assessment of the researcher and his interaction within the community. Clearly the greatest worry was that the research would disrupt the community and make the staff's burden even greater. If in the staff's view the researcher would able to keep a fairly low profile then the other problems which might be raised by the research were not insuperable.

The community meeting agreed to the researcher's requests throughout the entry process without dissent and without comment. Again the researcher's general demeanor and ability to remain sympathetic but outside the politics of the community was crucial.

Summary

As examples of negotiations the gaining of access by the researcher did not provide much material at the time. Inevitably much of the process was hidden from the researcher at that stage, but subsequent requests to members and staff to recall the events seemed to indicate that both communities found formulating a collective response to the new situation very difficult. In order to make a response at all, they relied heavily on their assessment of the researcher's competence in managing relationships in the charged atmosphere of the community. In the absence of major negative evidence i.e. visible and fatal flaws in the researcher's approach or personality the response was initially quite trusting. Instances where underlying suspicions

and mistrust surfaced will be be discussed later. This absence of extreme individual and collective suspicion was quite surprising to the researcher initially, but it was a consistent feature of the relationship between the researcher and the members of the staff of both communities.

Recording

The observational parts of the project were recorded in field diaries. There was no attempt to develop categories of events in the first instance in either community. The researcher simply recorded what he saw, heard and how people responded to him. At the end of each period of observation (2-4 days) the notes were reviewed and tentative connections and hypotheses set down which provided the background to the next period. Where new information or events seemed to support or disconfirm previous reviews this was incorporated in the next review and then the focus became sharper as project moved into its later stages.

The community meetings and staff meetings were written up immediately after they had happened. There was no attempt to take them down verbatim but the main themes and issues were noted, how they were introduced and the construction which those in the meetings put upon them. The researcher made notes on the comunity meetings in public after the meetings and made no attempt to discourage anyone who wanted to come up and tell him their views of what had happened. Sometimes this started discussions among residents and members which produced additional data and which could be recorded as they happened (since the researcher was writing anyway). If there was any doubt about what had

happened in a meeting there was always an agenda (Community B) or the staff record (Community A) to consult and check against the researcher's memory.

At other times the researcher retired to a separate room to write notes, but left the door open and thus made it clear that people could come and talk. The illegible quality of the researcher's handwriting and the note form ensured that those who, with knowing grins, looked over his shoulder remained uninformed about what he was writing. The promise that at some point there would be some feedback seemed to be acceptable as a reason for the researcher not making comments on the project day by day.

As a general rule the researcher asked very few questions in any social situation and tried not to introduce topics that were of particular interest to him. This was to avoid starting issues by incautiously getting clients and staff to look at events differently from their habitual way of constructing reality. This was made easier by the general awareness that the researcher had "inside" knowledge of the symbolic frameworks in use in therapeutic communities and people tended to feel that he would understand their insights and interpretations (and perhaps applaud them). The discipline of listening in an encouraging and approving way without contributing ideas, criticisms or advice was something that the researcher developed as he relaxed into the role. Earlier he asked too many questions and received a rebuke from Dick in Community A. On reviewing what was said on this particular occasion it seemed as though the questions had encouraged the informants to make their accounts of an event more

dramatic, and distorted it to create an impression of bravado. In fact it was soon discovered that just by being around watching TV, playing scrabble, sitting in the staff room, or whatever, people discussed their views of what was happening quite easily without the need for the researcher to ask questions. For those like Dominique who were at a point of crisis in the community and did not wish to be seen discussing matters with the researcher in the communual rooms, the side rooms where the researcher wrote his diary provided a semi-public yet private opportunity to talk to a sympathetic listener. This last example illustrates of course that the researcher's policy of non-intervention was to an extent some illusion. Just by being available to talk, the researcher provided an outlet for Dominique's desperation. By keeping such interventions to a minimum and monitoring them however it was felt that the effect of the researcher's presence could be assessed and evaluated.

There are several illustrations in the field diaries of hypotheses that had to be abandoned. One illustration is that in almost the first community meeting attended in Community A the seating arrangement divided the community circle almost exactly in two halves with men on one side of the circle, women on the other. It later became clear that the researcher's tentative conclusion that there was sub-grouping on sexual lines were unfounded. It was an hypothesis abandoned reluctantly because it seemed to the researcher that the women <u>should</u> collaborate to defend themselves in a very male-dominated environment. There were at times, instances of female solidarity, but always between pairs of individuals and none were stable. The women in fact were frequently nore competitive with each other and the men than any of the

men (except Dick). The seating arrangements however were significant in that it became clear later that seating arrangements were a good guide to status and the state of the alliances among the high status group (see chapter 9) in Community A. The dominant members always tried to sit in armchairs near the window rather than in the obscurity of the darker side of the ward where the chairs were hard. They saved each other seats if they were feeling friendly, but a later arrival who was at the time unpopular would have to move to the low status side of the room. Esther in relinquishing the chairmanship in a fit of giggles one day walked out of the meeting and returned later to sit on the other side of the room as a sign that she did not want to resume her duties. There was no particular significance to the seating arrangements in Community B that the researcher could see except that late arrivals (and that usually meant the staff) got the hard chairs.

By the time tape-recordings started the researcher was fairly clear on his impressions of the characteristic <u>styles</u> of negotiation in the communities and about the frameworks in which problems were defined.

<u>Tape Recording</u>

This proved to be much less of a problem than had been anticipated. Following the previous policy of openly discussing the disruptions the researcher's presence could create, no attempt was made to disguise the fact that the microphones etc., would be very obtrusive and that in Community A at least a directional microphone (looking like an elongated pistol) would have to be used to cover parts of the room. The effects of the equipment at first fascinated both staff and

residents who eagerly agreed to help set it up and test it out. The researcher set up 2 days "trial" recording so that technical feasibility could be assessed and people's reactions sought. Although self-conscious at first it soon became apparent that most people forgot about the microphones and treated them rather as items of furniture for the duration of the meetings. Andy in Community A later commented that after the recording it had seemed strange not to have the equipment and that its absence had produced a sense of anti-climax in the community. There is little doubt that the presence of the equipment (and the researcher) made members and staff feel more important and that what they were saying had an additional significance.

The equipment and the tapes of community meetings became public property for the two weeks with the researcher having only priority of use. Some consequences of this have already been described, but in general it was considered that the more the community felt the equipment and tapes belonged to them the more in control and relaxed they would feel. (As the equipment was expensive and on loan any anxieties the researcher had about its safety had to be firmly suppressed. Happily and perhaps significantly none of the equipment was abused or stolen in either community).

Once the tapes had been completed they were labelled and gradually transcribed in the form of scripts, including sound effects and stage directions where necessary. Fortunately the quality was good (after one mishap where a staff meeting in the pilot study was overloaded with microphones and disintegrated into inaudible electronic noises) and there was no difficulty in deciding who was speaking.

During the period of tape recording the field diaries were used very little, partly because of the time taken up with managing the recording and partly, as the researcher realised later, because he had become so bound up with events that he was no longer observing. Fortunately the business of recording served to keep him at a distance from the community, but two weeks "living in" illustrated forcibly how necessary routine non-perception is to self management in daily life, and how necessary time out of the field is to participant observers.

Analysis of the Observation Data and Feedback

It was the intention stated at the beginning of negotiations with each community to feed back a summary of the observations and some tentative conclusions as soon as possible after the fieldwork, both for the interest of the communities and to check out the impressions. In neither community did this process work out satisfactorily. At first the researcher had intended to hold "seminars" where various aspects of his impressions could be discussed, but it became clear that there was a vast gap between what the staff, particularly, expected and the researcher's plans for informal discussion. For both communities the researcher said that he would produce a short paper outlining the main points of his findings but that the remainder of the day and subsequent visits would be arranged as they liked.

In Community A the staff with a little prompting discussed among themselves whether the feedback should be in a community meeting or in a community meeting and a staff meeting. Characteristically they said in the end that they would leave it to the researcher to decide what he

said where. He arrived at a community meeting intending to deal with all the major points except the internal politics of the staff group and found that events of the previous night needed dealing with first. These took up all but ten minutes of the time allocated to the researcher so a voluntary extra meeting was called after a short break. Some of those who were very wrapped up in the first meeting did not attend (e.g. Esther who later came to apologise and ask for a copy of what was said). As it happened the meeting preceding the researcher's paper illustrated admirably several of the points he made and produced delighted recognition among those who had been on the offensive in that meeting. Those who had been the subject of the attack were however unable to make any comment at the time, but approached the researcher afterwards and said how much they agreed and wasn't it awful.

The staff group were amused and excited by what the researcher said but were generally unable to comment constructively. This was possibly due to the fact that the consultant "happened" to be away that day and the staff felt on unsafe ground in dealing with a critical review of their mundane taken-for-granted practises. It was agreed that the researcher would come again when the consultant could be present and he duly turned up some weeks later to a staff meeting. This time the preceding community meeting was discussed for three quarters of an hour until the researcher himself intervened and said that he wondered if they would get round to discussing what he had come for. The staff agreed to extend the staff meeting but the consultant and another staff member had to leave the meeting ten minutes later.

Apart from illustrating the ambivalence of some of the staff

particularly the consulant towards the research, these attempts at feedback produced very little in the way of confirmation of disconfirmation of the findings presented. All that can be said was that there was no disagreement voiced with anything that was said. A paper summarising the points was sent to the community but no further visits were requested.

In Community B much the same happened. It was left to the researcher to decide how he presented his work and to whom. The staff decided at the last minute not to attend the meeting with the residents on the grounds that it would be too provocative and intrusive. The residents in fact did manage to make more comments than any sub-group in either community and spent an hour discussing the researcher's view of them and adding information where they felt he had missed something. They were surprised that the researcher saw them as a relatively powerful group because they were feeling impotent and frustrated but there was strong agreement that they were generally united against the staff. It was at this point that William made his remarks about "open warfare" (see chapter 9).

The staff in the community were less able to deal with the issues than any sub-group in either community. The Warden by this time had gone on extended sick leave from which he did not return, and a new deputy had been moved in temporarily until the staffing questions could be resolved. The staff listened in gloomy silence, agreed that the situation was much as the researcher said, and wanted to know what they could do about it. The researcher said rather lamely that it was not his role to prescribe but for them to make use of the perspective

he had developed. For a demoralised and mostly inexperienced staff team without any effective leadership this was probably not much help and may even have been the reverse.

Reviewing these attempts at feedback it is clear that the staff particularly in both communities had expected answers to the problems which they were experiencing, not an alternative view of these problems, and that despite the care which the researcher had taken to explain his position initially, a fantasy had developed that as a visiting "expert" he would act as a consultant and produce "action research". Given the well-documented difficulties of accepting research findings in therapeutic communities or indeed any institutions (see Rapoport and Manning (1976)) it is now felt that there should have been no attempts to cater to the interest or curiosity of the communities at that stage, but that the researcher should have concentrated on checking the observational data systematically and ideally tape recorded the discussions. There is of course no guarantee that this would have worked any better or that the communities woud have agreed to it, but it would have been a sounder approach methodologically. It would however have produced something of an ethical dilemma in that it would have denied the fundamental reciprococity of the research contract for most of those staff and clients in the communities. The turnover in both populations was such that several people missed out on the first attempts at feedback. Waiting until a complete thesis had been produced might have meant a complete change in the staff and client groups.

A postscript came by chance from another researcher in Community A

in a private communication two years later. He said that the community had very warm memories of the researcher and claimed that they had modified their programme considerably as a result of what he had said. In particular they had filled up the time with more activities.

Analysis of the Tape Recordings

This was not attempted until both sets of recordings were completed though the researcher did get the scripts of the meetings completed very soon after each recording period.

The content analysis of tape recorded data presented some of the most interesting problems of the project. Initially the scripts were broken down into "episodes" according to topic, each of which could be ascribed to one of five categories. Each episode also had one of five possible outcomes, so that the content and outcomes of negotiations in the two communities could be compared.

The next stage of the analysis focussed more closely on individual and collective styles of intervention in meetings. In particular the use of the question in the two communities was compared and also the frequency with which staff and members supported and challenged each other. Each stage of the analysis was designed to check our impressions gained from observation.

As the analysis progressed and impressions were confirmed or disconfirmed previously unperceived relationships became apparent and were followed up. The problem with this sort of work is knowing where

to stop, and knowing when the point has been reached at which the relationships explored cease to be of real importance. It is felt however that a partially open scheme is appropriate because the narrow exploration of previously formulated problems is rather a waste when one is dealing with real life situations. A detailed account of the protocols of the content analysis based on standard procedures (Krippendorf 1980) appears in Appendix A.

Conclusions

In this chapter has been presented the methodology of this project, noting both its theoretical background and some of the problems of participant observation techniques. The way in which the researcher negotiated access into the communities has been described, the methods used to record data, and some of the pitfalls and problems which the observer role produced when confronted with the social realities of life in therapeutic communities. The aftermath has also been described of the researcher's contract with the communities in which the resilience of the culture and its resistance to change was made evident. This is consistent with the evidence from the main part of the study in which it was noted that despite much apparent upheaval and a great deal of discussion of issues, very little of importance changed. More will be said on this subject in the final chapter, meanwhile it is suggested only that the effect of any researcher on a closed community is likely to be minimal and that the critical factors in assessing how well research has been done are:

1. How sensitive the observer is to what is going on in a setting;
2. How systematically evidence is collected and recorded;

3. How open the scheme is to abandoning theoretical preconceptions where the evidence does not seem to fit and;
4. The quality of the checks and reliability tests which the researcher can build into the scheme.

Without another researcher whose perceptions he can set against his own, the single observer has only his own notes with which to check out his observations. The tape recording allowed a partial retrieval of raw data at a distance in time from the events. Another factor was the balance between time spent in the field and time spent away reviewing the data from the perspective of the researcher's personal social routine. The necessity of returning "fresh" to the field of research each week meant that at no time was more than three consecutive days spent in the field or more than four days in one week, except during recording periods. Given more time it is suggested that a longer less intensive period of fieldwork might have been better. Enough has been said of contrived research settings to warrant no comment here, but even at the positivist end of the spectrum in social science any research is an interaction between the researcher's background and biography and those of his subjects. In this project the researcher has attempted to detail this interaction and the reader will be better able to assesss results in the light of this knowledge.

CHAPTER 6

NEGOTIATION IN THE TWO COMMUNITIES

CONTENT AND SIGNIFICANCE

NEGOTIATION IN THE TWO COMMUNITIES

CONTENT AND SIGNIFICANCE

Introduction

In this chapter the formal negotiations in the two communities will be examined and compared in terms of their content and the significance which can be attached to them in the formation and maintenance of social order.

The data as outlined in chapter 5 comes from two sources. Firstly the build up of impressions and examples from the periods of observation. During this period the task was to build up a picture of the way the organizations functioned and to discover social phenomena which were felt to be typical of each of the two communities. The focus of attention was directed at the central question:

- "In what sense - if any - can these communities be described as negotiated orders?"

This is clearly "soft" data and although the build up of evidence through the diaries may be impressive to the researcher it was felt that a "harder" approach to data collection was needed. Thus the content analysis of a block of tape recorded material is used to check some of the impressions gained from the observation. The chapter is presented in two parts which refer firstly to the discussion of observed impressions and secondly to the content analysis of the tape

recordings.

Firstly, however, it is necessary to refer back to some of the theoretical discussions of negotiated order theory in chapter 4. In particular it is necessary to find ways of assessing the importance of negotiation as an activity in the formation and maintenance of social order.

Negotiated order - a definition

From chapter 4 it will be recalled that Strauss (1979) has defined negotiated social order thus:

"The negotiated order on any given day could be conceived as the sum total of the organization's rules, and policies; along with whatever agreements, understandings, pacts, contracts and other working arrangements currently obtained. These include agreements at every level of the organisation of every clique and coalition, and include covert as well as overt agreements."

The very comprehensiveness of this definition tends to draw attention away from the degree of relative importance which these social objects may have within an organization, and from the existence of a power structure which in most cases will be hierarchical in form. Clearly if the social order is to be conceived accurately, equal weight cannot be given to the framework of goals, rules and policies which form the organizations raison d'etre, and the accomodations and interpretations made at the lower levels of the organization. It may be

that both are arrived at via negotiation but the quality of participation at different levels is entirely different. Greater precision is therefore required in specifying both the range of the negotiations in the organization i.e. the number and diversity of the social objects which are negotiated; and the levels of the organizational order at which negotiations occur. A further consideration, particularly relevant in the present study is the productivity of the negotiations. It is possible to have hours of discussion in which views are exchanged, strategies devised and executed without any kind of working arrangements or agreement being made. In a case such as this one is led inevitably to the question of where decisions are made, and by whom; and whether the process by which they are made looks anything like negotiation.

This last point brings us to perhaps the most central question concerning the negotiated order. This concerns the relationship between the levels of the organizational order, and how the process connecting negotiation settings operates. It may well be - as Strauss acknowledges in his later work - that in this area processes may operate which not only do not look like negotiation, but which may actually prevent negotiation taking place. This problem and its implications for negotiated order theory will be considered in later chapters.

Discussion and negotiation in the communities

A commitment to discussion may not be the same as a commitment to negotiating key features of the social order but the two communities followed the therapeutic community ideology to the extent that their

programmes included a great deal of discussion.

The commitment to discussion is evident in the amount of time devoted to formal discussions in the daily life of the communities. In community A one and a half hours per day were devoted to community meetings every day except Saturdays (three quarters of an hour) and Sundays (no meeting). Each member in addition, spent approximately three and three quarter hours per week in therapy groups, and the staff met for at least four hours per week. In community B the overall amount of time available for group discussions was rather less for the residents - one hour per day plus two and a half hours on one evening. The staff however, met for slightly longer than the staff in community A. It can be said therefore that each community made a considerable amount of time available in which problems of whatever kind could be discussed and solutions agreed.

What was discussed? During the period of observation the researcher made careful notes about the issues which were raised, and how they were defined and managed during the community meetings at which he was present.

The participants own views of the meetings were recorded as they anticipated the likely course of events, and chewed them over among themselves afterwards. The researcher asked very few questions as information was volunteered very readily by all sections of both communities.

The patterns which emerged during observation revealed, not

surprisingly, clear differences between the communities, in the pre-occupations of the members and staff, in the issues which tended to dominate community and staff meetings, and in what will be referred to as the negotiating style of the communities. In other words the climate of the meetings, and the characteristic responses to certain kinds of communication. These will be discussed in detail in a later chapter, though a brief illustration is the difference in the way provocative and aggressive communications were managed. In community A. these were liable to focus the attention of the meeting on the person making the communication for a long period. It seemed as if members were compelled to go on asking questions even when they suspected that they were being manipulated. In community B provocations tended to draw a swift comment followed by a move to what they felt was a more fruitful subject.

Content of discussions - Community A

During the period of observation individual members tended to become the focus of attention in both staff and community meetings for long periods of time - sometimes for several meetings, sometimes for meeting after meeting stretching over weeks or even months in one case, (Dominique and her failure to eat as much as people thought she should.)

The issues which were discussed seemed to be of three main types

1) The analysis of individuals emotional pathology as evidenced in their personal relationships and interactions. Members occasionally raised issues in relation to themselves and their own

problems, but more often they raised issues about other people.

2) Debates about rule breaking or anti-social behaviour in which the community had to work out its attitude and decide whether or not to apply sanctions.

3) Requests from individual members to the community to agree to a change in their status, or for special exemption from some rules, or part of the programme. Someone for instance wanted to become a day-member, another to use the community as a base from which to go out to work.

The framework used to discuss all these matters was invariably psychoanalytic, and priority was given to unearthing unconscious layers of motivation and meaning. The disposal of issues - where they were disposed of - depended largely on a concensus that the subject had achieved a sufficient level of self-knowledge. Where a member had a request therefore, it was in their interest to convince the others that they had thought deeply about the possible distortions which might arise from their unconscious and affect their judgement. If they were not very convincing or their standing at the time was not very high among the staff and their peers then there was never any shortage of would-be therapists to assist them. The following extract* illustrates the point.

* N.B. In all the transcripts residents/members are given fictitous names, staff are identified by intials.

You want to talk about your warding Pauline?

Pauline — Yeah. I spoke about it yesterday morning, and said I wanted to go on semi-warding. I spoke about it in small group and they said it is OK.

Dick — Are you telling us you're unwarding yourself?

Pauline — No, no (urgently). That's as far as I've got. Small group agree - so...

Hn (nurse) You want to be able to go out in the grounds?

Pauline With somebody,yeah

Andy What do you feel you've achieved while you've been warded?

Pauline What have I achieved - I don't know?

Andy What does that mean you feel?

Pauline Not much better, but better than before.

Andy Did you expect to feel like this?

Pauline Mm. (agreement)

G (student) Do you think it's been triggered off by Pat being unwarded?

Pauline No - first of all, I might go home for Christmas. I haven't decided yet. So I'd be unwarded anyway to be able to go home. So it would seem more sensible to be halfway there before I go home.

Dick You're going out in the grounds anyway?

Pauline Only with somebody (quickly)

Dick — What is it you want? To have your clothes back:

Pauline — Well, to be able to go out, yes

Dick — By your self in the grounds?

Pauline — Yeah but in the town with somebody.

Dick — In the town with somebody?

(Inaudible comment from Dick)

Hn — I would have thought it would have been simpler if you did go out with somebody in the grounds.

Pauline — (quickly) OK I don't mind either way. The grounds are not particularly dangerous.

Hn — Nevertheless, the temptation is there.

Pauline — I haven't ever - I haven't broken a warding before.

Dick — See, this is what's worrying. Pauline won't break the rules. If she is warded, she won't break her warding. You know if she's got the guidelines there she'll stick by them. Something is missing somewhere.

Pauline — Well, it's better that way until something better turns up. I mean I hope to be unwarded by Christmas, because if I go home ... and its my best chance ... it's as good a time as any.

A Doctor — Your last chance for what?

Pauline — Well, I can't - I mean well - I would say the drinking's over while I'm in (Community A.) I'm going to take Antabuse anyway ... If I can't get it prescribed here, then I'll go elsewhere and get it.

A — You want unwarding, do you?

Pauline — Yeah, going to have to.

H (Consultant) — I think Pauline, that what other people worry about - er - is, now you've mentioned Antabuse, seems to me you've made that worry justified, is do you, do you care for yourself? Can you care for yourself? Do you like yourself enough to treat yourself as some one who needed good things, needs to take things. When you say you're going to take Antabuse, you are in a way saying "I can't care for myself". "Maybe if I have something - Antabuse - it'll protect me."

Pauline — No, I didn't quite mean that - It's while I'm here, I don't want to have to keep deciding. I mean if I take

Antabuse ... no one will know if I've taken it or not.

H What?

Pauline No one will know if I've taken it or not. No one will know if I've taken it. I have to choose myself whether to do that because I'm really not that ... I don't think I do care for myself that much at the moment to think of the damage it can do. The drink is more important...

Dick See, I don't think it can do any harm if you do go into the grounds with someone or you do go into town with someone - er - I don't think you will drink, but the thing is that you've done it you've said in the past in other places you've been in. Spent 6 months without touching a drop of alcohol and as soon as you've left, you've started drinking again. Seems that all you're trying to cope with and get to grips with is to stop yourself drinking.

Pauline I don't think so

Dick It seems like that with Antabuse and everything; you must have the Antabuse

Pauline Well, for heaven's sake - I can't drink while I'm here - it's my choice to do so. (irritated) I think it's a very wise choice.

Dick I remember Berenice saying that

Pauline I'm not Berenice.

Dick But you're...

Pauline But at least it gets the drinking out of the way. I mean I know it's not - not for the time being as least.

H Will you go on wearing red socks when you're unwarded?

Pause

Pauline (Laughing) No, I can't think of an answer

Dick Well, what do you want? Do you want a decision?

Community A

Pilot recording: 09:12:80

The decision in this instance went in Pauline's favour. This is a fairly routine example of negotiation in this community. Pauline at first takes care to ensure that everyone knows that she has discussed her request in her therapy group. This is a common tactic for those who wish to limit discussion in the community meeting itself. In this case it is unsuccessful, and the members and staff require further proof. Her answer to the question about how she feels about being warded is

cautious and clearly intended to create the impression that she has accepted at least partially that the community had her interests at heart when it deprived her of her freedom of movement and her outdoor clothes. In private she was very resentful about the warding. She also makes a concession in response to the charge-nurses suggestion that there is still some element of risk for her. This again as she herself admits is a tactical manoeuvre which will she hope further her long-term aim - to go home for Christmas with the community's blessing.

Pauline then makes a what seems like tactical error, by dropping in the information that she is planning to use some medication to help her control her drinking. This immediately raises a problem. Medication to control behaviour is as Pauline knows prohibited in the community, and this immediately raises the question of how well her capacity for self-control and her insight into her problems has really developed. It should be noted that there is very little to distinguish staff and members in their attitude or style of questioning. Only one member (Dick) takes Pauline's part, and questions the way that the issue is being handled. On another occasion when Dick again suggested that perhaps other people were being less than helpful to Pauline, attention was immediately switched to his problems so his reluctance to press the matter may have been due to a desire not to have his own motivations questioned.

The matter is brought to a close by the consultant H who asks an amusing question to defuse the discussion. He explained later that he felt that Pauline had managed her warding and her request to have it lifted sufficiently well to receive the community's approval. His final

question is therefore a sign - accurately interpreted by the meeting - that he doesn't regard the Antabuse issue as a reason for refusing the request.

It will be noted that throughout this piece of negotiation the emphasis is very much on the internal state of this individual and her level of self-knowledge. The rules and assumptions of the community are taken for granted and there is an alliance between staff and members to probe her motivations. The members own suggestion that her self-control might be assisted by a drug is not seriously discussed, but rather interpreted as a sign of continuing dependency. The psychotherapeutic objectives of the community in this fairly typical example, take precedence over more immediate and pragmatic steps towards rehabilitation. Also, and perhaps more importantly, despite the request being granted the member's own initiative is quietly disposed of, with no alternative being proposed.

Content of discussions - Community B

In community B by contrast the emphasis was more on the monitoring of task-performance - doing household chores, paying fees, being an efficient foreperson or chairperson, etc. than on the interpretation of symbolic communication. There was also more time devoted to organizing collective activity than in community A. This could be routine management of the house, or a one-off project such as a jumble sale, or a party. Where individuals became the focus of attention, the issue tended to be dealt with fairly quickly in a legalistic framework. Where residents broke rules, or failed in tasks which were required by the

community, meetings were devoted to ensuring that the failure was not repeated rather than to the analysis of motivation. Where a promise of future good conduct was exacted from a rule-breaker, or an exemption agreed for some special reason, the agreement was often formulated in a written contract, which was published on the noticeboard and signed by the resident concerned. The contracts were usually worked out prior to the meeting between the resident and a staff member, and brought to the meeting only for ratification and perhaps small modifications. In the extract from a community meeting which follows it is clear that in contrast to the example from Community A, in Community B the emphasis is very much upon behavioural rather than psycho-therapeutic goals. The resident is positively encouraged to set her own targets and take initiatives which will help her to achieve them.

Community B Extract from Comm. Mtg 12/10/81

A staff member ("assistant warden") is reporting on a discussion which has immediately preceded the community meeting.

A We got on to discussing Penny's running away; how she feels the house is like a judgemental body; and how last Thursday and Friday she didn't come to the meeting on Thursday, but on Friday she came to the meeting expecting an axe to fall on her head. Those weren't her words, but that was the way she was feeling. And she was concerned about the meeting tonight, and what the meeting might be going to do about her. Um - I said as far as I knew there wasn't anything coming up in the

meeting about Penny. Did that feel worse or better? And we got into a discussion about how one should actually go on about making an agreement um - and the fact that Penny was the one who was cutting herself and that it was really her that had to stop. Was it more adult for her to say to the community "I'm having this problem and I'd like to make an agreement"? Or should the community say "Penny - you've been naughty - enter into an agreement"? At that stage I had to leave the room I don't know what happened after that.

(Bill, a resident, indicates that the focus moved away from Penny)

A Thank you but would you like to talk about this agreement while the opportunity is there?

Penny I'm not seeing the house - the community as a whole as a judgemental body. It's more ... individuals, feeling disliked, not the meetings with the community as a body, but all the people in it. They are each a judge, the people of the community.

A. Is there anything - I mean I can only speak for myself - I don't want to judge you, I want to help you help yourself. Is there anything we can do in terms of encouraging you to present some sort of an agreement. Will it help you? As I see it - I mean it really breaks me up when you or Cathy or anyone go around damaging themselves.

Penny Well, I hadn't really kind of faced up to the idea of an agreement, that it was me making it - I'm talking about staff and whoever but ... and so I think I need to kind of really you know think about it and I haven't really worked it out, so if I could do that for the next week...

I I don't think you've got to think about it Penny - you've got to take action and go: action is the thing. Just decide and do it.

(Short pause)

Penny I've taken up too much time already

R I think it's really good you're going to think about that Penny - um - but when these sort of things happen it also effects other people, and I wonder if anyone else had anything to ... say to Penny about her cutting herself.

Helen Well it sounds to me - you say you're having these difficult relationships... would you like to say something about those?

Penny No ... with everybody. Not so much with the particular people but with everybody ... like I'm getting scared that people are fed up that I'm taking so much time. I'll quit before people start disliking me.

Helen (who is Chairperson) It's my decision whether to move or not.

(laughter, but nevertheless the discussion shifts away from Penny's relationships to whether or not she could cope with going to college.)

In the following weeks community meeting T. another staff member is again reporting back on a preceding discussion:

T Um - and then Penny did most of the talking, and I was asking her about her agreement which she was going to talk to the community about as I understand it, going back some days now, chiefly about cutting her arms. And Penny spoke about being not sure whether she really wished herself to do this, or really felt under a sort of compulsion to do this to make the agreement.

Helen Any feedback?

William Are you going to make this agreement tonight Penny?

Penny Yes...

Later towards the end of the meeting.

Helen Well Penny it's time for your agreement.

Penny Could we leave it till tomorrow.

A I'm not happy about you leaving it for another day.

Penny Alright, I'll read it from the paper.

Go to all compulsory groups.

Not harm myself.

Try to talk to people when I get desperate.

And eat lunch or supper every weekday with the community. At least one meal every weekday.

William Sorry, what was the last bit?

Penny Eating one meal with the community each weekday.

T And this is an agreement that although you may have some ambivalent views about - um you are saying please support me in this.

Penny I suppose so

M (Deputy Warden) Which will be the hardest bit?

Penny Talking to people instead of running away.

M That's the hardest bit,why?

Penny Because I'm not used to showing my feelings. I'm not very honest about my feelings. I'm honest about things I've done, but not about my feelings.

William Do you feel this house is getting you down-more and more depressed?

Penny I'm getting more and more depressed

William Do you know why?

Polly No - I'm getting more lonely - or at least I'm feeling it more.

William I can understand how Penny feels actually. She's a very bright bouncy member of the community, but she's very lonely inside. I get like that sometimes. I can sympathize with you.

Penny Thanks.

William (laughs) Don't know how to overcome it, but I can sympathize with you.

As in the case of the extract from the community A's meeting the topic concerns an individual who has engaged in a form of self-abuse. There are several points of interest in this long extract, apart from it illustrating clearly both the priority, among the staff at least, in community B on controlling, rather than interpreting behaviour of investigating underlying motivations; and the framework within which "help" is defined, as bringing the individual to performance and behavioural goals, rather than the pursuit of self knowledge.

Unlike the sanctions in community A the agreement was for a fixed period and could be reviewed and lifted after a few weeks. In community A there was no fixed period, and the community relied upon the person sanctioned to persist in raising the issue. At a later stage Pauline in Community A who was "warded" again very shortly after the extract just quoted, was told by a staff member that she should not necessarily expect a direct answer from the community to her request for leave, but rather would receive a hint when they thought she was ready. (comm.mtg. 13). This forged a short-lived alliance between Pauline and Dominique who jointly planned the timing of their requests and gave each other private coaching about presentation. The absence of a clear structure for imposing and raising sanctions undoubtedly contributed to the length of time that individuals in Community A remained the focus of attention in meetings.

The other point worth noting is that there was in community B a clear division in attitude and style of questioning between staff and residents, which was not apparent in community A. A careful reading of the second extract will reveal that the residents are on the whole less concerned about the agreement and more concerned about the relationships within the community, and how they are affecting Penny. There is, although the extract alone could not reveal it, a carefully concealed sub-theme to this meeting which the residents are aware of and the staff are not. Penny is actually very miserable about a triangular relationship between herself and Helen and Bill, both of whom she is fond of, but by whom she feels excluded. Helen gives her an opportunity to say this and the point is not pressed. After the meeting the residents stayed up by themselves until the early hours of the

morning, discussing this with the three people mainly concerned, and at no point subsequently revealed this extra unofficial meeting to the staff. The 'us'and 'them' theme has already been suggested in the quotation in chaper 6 of Amy's remark about the researcher getting on with 'both lots'. The extract just quoted concerning Penny happened much earlier than this and the theme was a feature of the community during the whole research period. In fact Penny in a very indirect way indicates the division and discontent, when she reveals early on that it is the staff whom she feels are judgemental and who are forcing her to make the agreement. William gives her a lead into this subject later on when he asks if the house is making her depressed but she declines it at this stage. Two months later during the main period of tape recording, she is much more explicit. The under-currents of negotiation and the informal subgroups and alliances are subjects to which we shall return in a later chapter.

These extracts from community meetings are provided in order to give the flavour of negotiation in each community. The extracts were selected because each illustrated particularly well some of the themes and characteristics which emerged from the communities in the periods of field work prior to tape recording the meetings.

Content Analysis of the Tape Recorded Material

Issues and Priorities

In the next section of this chapter evidence from the tape recorded meetings will be considered for the light it throws on the different characteristics of the two communities as they transact their

daily business. In chapter five it was stated that the transcripts of the meetings were broken down into smaller units - 'episodes': and that each episode was ascribed to a category according to the nature of the topic discussed. In order to give an indication of the priority given to particular categories of episode the time allowed for each category was measured both as a proportion of the total time allowed for meetings and as a proportion of the time allowed for 'full' community meetings i.e. where everyone was expected to be present. (tables 1 & 2).

In table 3 the focus is on episodes where there was clearly 'negotiation' rather than some other mode of interaction (i.e. someone reading a prepared statement). Negotiation is defined as in chapter 3 as the attempt to reach a working agreement on the way social action should proceed by means of discussion between two or more interested parties.

In table 4, two of the categories are divided to indicate whether the topic under discussion referred to individual or collective behaviour. It is likely that discussion of collective behaviour is more central to questions of social order than discussion of individual behaviour.

From these tables it is possible to see the range of social objects that were the subject of negotiations in each community and also the relative priority accorded to issues which are central to the establishment and maintenance of social order.

The categories to which each episode was ascribed were:

A. The construction and organization of agendas

B. Input and evaluation of information

C. Organization and division of time labour and resources

D. Rule governed behaviour

E. Personal problems and difficulties

In table 4 categories C and D are divided according to whether they concerned individual or collective behaviour. For more detailed discussion of protocols - see Appendix A.

The tables are included in the main body of the text for ease of reference, but readers who feel distracted from the argument by the inclusion of raw data should turn straight to the discussion of the tables.

Table 1. Analysis of Meetings by Topic

Category	Community A			Community B		
	Wk 1	Wk 2	Total	Wk 1	Wk 2	Total
A(secs)	260	200	460	53	157	210
%	0.9%	0.7%	0.8%	0.3%	1.7%	0.8%
B(secs)	735	552	1287	2066	2134	4200
%	2.6%	1.9%	2.3%	13.3%	22.9%	16.9%
C(secs)	1882	1089	2971	3338	2531	5869
%	6.6%	3.6%	5.2%	21.5%	27.1%	23.6%
D(secs)	9367	10148	19515	4314	1142	5456
%	33.0%	35.8%	34.4%	27.8%	12.2%	21.9%
E(secs)	11910	11762	23672	5597	2942	8539
%	42.0%	41.5%	41.7%	36.0%	31.5%	34.3%

Total meeting time available 56700secs. Total Time Available 24866secs

Total used for discussion i.e.
excluding long silences -
47905 secs.=84.4%
(see appendix A)

Total Used 24274secs.=97.6%

N.B. The time in seconds devoted to each category during each week of the recording period is expressed also as a percentage of the total time used for discussion. The third column shows the totals over the two weeks.

Table 2. Analysis of Full Community Meetings by Topic

Category	Community A	Community B
A(secs)	217	183
%	1.3%	2.2%
B(secs)	761	1897
%	4.7%	22.7%
C(secs)	1111	1882
%	6.9%	22.4%
D(secs)	10066	957
%	62.1%	11.4%
E(secs)	3956	3432
%	24.4%	40.8%
	Total time 16111 secs	Total time 8351 secs

N.B. This table refers to the 3 meetings each week in Community A when all staff were present, and to the Monday evening meeting in community B.

Tables 1 & 2

In considering this analysis the reader is reminded that this analysis of objective behavioural phenomena is one part of a mixed methodology approach, and does not imply a rejection of more subjective phenomena, actors accounts etc. It is assumed here that what people do is as necessary to an analysis of their individual and collective priorities as what they say about their intentions. If there seem to be discrepancies between actor's accounts and their actions then it is part of the researchers task to investigate the discrepancies. What Wrong (1980) refers to as "latent concerns and interests" will be the subject of a later chapter.

From table 1. it is clear that neither community devoted much time to discussing the order or constitution of the agenda (Category A) for the community meeting in the meeting itself. This is important in that it suggests either 1) there is an automatic concensus on the matter or 2) that the agenda is constructed elsewhere and reflects the priorities of individuals or subgroups. Other evidence seems to favour the latter, though the question is by no means straightforward. this will be discussed in chapter 8.

Informational input (Category B) was discussed at greater length in community B than in Community A. This in itself is as we have said, a form of agenda construction in that it is an opportunity for individual and subgroup interests to select issues from the information provided, and also to challenge the selection or construction of the information.

The organization of time, labour and resources (Category C) was also discussed at greater length in community B., though there was no evidence to suggest that the residents were involved in decision making at more than a basic house-keeping and maintenance level. Most resources were controlled by edict from the parent organization, a state of affairs about which there was some conflict and bitterness when it involved the control of proceeds from a fund-raising activity.

Rule governed behaviour, (Category D) role relationships etc. were discussed at greater length in community A, but between one fifth and one third of the time in each community was devoted to this category.

Personal problems (Category E) took up the largest proportion of the time in both communities, rising to almost half of the time in Community A.

In table 2 there is a similar breakdown on the full community meetings i.e. when all staff were present. In community A it seems that these meetings focussed more on rule governed behaviour than on other issues. This is perhaps not surprising since issues of this sort may well be left to meetings when the staff are present. It does argue however a certain routine dependence on particular members of the staff team (the therapists) for dealing with such problems. In Community B the tendency is reversed in that rule governed behaviour was squeezed out and personal problems discussed at greater length. This is consistent with the idea that residents in Community B were less dependent on the presence of the full staff team and may even indicate a certain interest in discussing matters pertaining to rules in the

absence of a strong staff team.

It will be noted that twice as much time was available in Community A for community meetings in the two week period, but that a clear 15% does not appear to have been used for anything. This is the result of the long periods of silence mentioned above.

Table 3 - Analysis of Episodes where there is Negotiation

The episodes referred to in table 3. are those where negotiation as defined earlier is explicit. i.e. where lack of concensus, exchange, and use of strategies are visible within the dialogue. Episodes therefore where reports on events were read out, or information passed on to the community without discussion were omitted. Also omitted were episodes where there was only a series of questions and answers, without any explication of the purpose of the information being sought and given. This is not to say that the notion of latent or covert interests is to be ignored. There is a certain amount of evidence to suggest that where some members of community A introduced a discussion of problem of their own which they felt they had begun to solve, or about which they had a new insight which they wanted to bring into the community meeting then a covert interest in appearing to be a generous 'together' person* was recognized by other members and staff. This kind of covert self-promotion may be considered a form of negotiation and not irrelevant to the process of the social order as will be apparent from the discussion of the negotiation of influence and status in a later chapter, but for now we shall concentrate on the overt and explicit negotiation behaviour .

* N.B. Frances used the term 'therapeutic member' as an indication of non-acceptance of this kind of self-promotion in one community meeting. (comm. A mtg vii)

Table 3 shows two sets of information. The column labelled "Distribution" indicates how the amount of time devoted to negotiation was divided between the categories of social objects used in tables 1 & 2. The second column - "% of total meeting time" indicates how much of the total time devoted to a particular category i.e. the information in table 1 columns 3 & 6 was taken up with negotiation.

Put more simply the object of table 3 is to take the evidence from table 1 and subject it to a more rigorous scrutiny. The focus is shifting from any kind of discussion to something which can be defined as negotiation .

Table 3. Analysis of Episodes involving Negotiation

	Community A		Community B	
Category	Distribution	% total meeting time devoted to the category taken up with Negotiation	Distribution	% total meeting time devoted to the category taken up with Negotiation
A(secs)	47		157	
%	0.1%	10.2%	0.7%	74.8%
B(secs)	0		4088	
%	0%	0.0%	18.7%	97.3%
C(secs)	2009		4201	
%	4.6%	67.6%	19.2%	71.6%
D(secs)	19086		5377	
%	43.9%	97.8%	24.6%	98.6%
E(secs)	22358		8066	
%	51.4%	94.4%	36.8%	94.5%
	% total meeting time used for negotiation - 76.7%		% total meeting time used for negotiation - 88.0%	

Discussion of table 3

The distribution of time between the categories of social objects is in fact not vastly different from table 1 for either community. Nor were the communities very different from each other in the % of the total meeting time devoted to negotiation. If the time devoted to silence in community A. is excluded from the totals, about 90% of the meeting time was used for overt negotiation in both communities.

From the second and fourth columns, however, it is apparent that the time devoted to the construction of agendas and informational input in community B was used for explicit negotiation, whereas in Community A agendas and informational input were almost never the subject of negotiation. This is an important distinction between the communities, but it should be remembered that very little time, relatively speaking, was devoted to these categories in either community. The major difference between the communities remains the greater range of social objects discussed and negotiated in Community B relative to the range in Community A.

Table 4. Negotiation Concerning Individual or Collective Behaviour

In table 4 the data from C type episodes (division of time, labour and resources) and D type episodes (rule-governed behaviour) is broken down according to whether the issue referred to individuals (C1 D1) or to the community or parts of it as regulated groups (C2 D2).

Table 4. C. and D. Episodes subdivided.

	Community A	Community B
C(1) sec	1423	1620
%	70.8%	38.6%
C(2) secs	586	2581
%	29.9%	61.4%
D(1) secs	15485	4078
%	81.1%	75.8%
D(2) secs	3601	1299
%	18.9%	24.2%

Discussion of table 4.

In table 4 where C and D type episodes were sub-divided according to whether they focussed on individual or collective behaviour both communities tended to focuss on individuals when negotiating rule-governed beheaviour (D type episodes). When they were negotiating the distribution of resources and the division of labour etc., however there was a marked difference in that while community A continued to consider mainly individual cases (and here remember the time devoted to episodes in this category (C) was very small in community A), the focus in community B was mainly in the group and its collective arrangements rather than on individuals.

Summary

The four tables of analyses so far presented suggest that -

1) The range of social objects negotiated in community B was wider than in community A and included to a small extent the important categories of agenda construction and information input.
2) That in one particular area (the division of time, labour, and resources) there was a good deal more negotiation, in community B, and this negotiation was focussed more on the collectivity than on individuals.
3) That the residents of community B were more able to discuss rule-governed behaviour in the absence of the full staff team, and may therefore have been either less dependent on the staff, or have had an interest in negotiating when the staff team was incomplete.

Outcome of Episodes

Tables 5 and 6 show a breakdown of the outcomes (a-e) of episodes already categorized (A-E) involving negotiation in communities A and B respectively. The figures in the "total" columns refer to the the total number of episodes and outcomes in each category, and the total number of episodes in the sample - community A 93 episodes, community B 73 episodes.

Again put simply each of the categories of episode A-E may be thought as having five possible outcomes (a-e). Thus episodes involving agenda construction (A) may end with -

a. Postponement of the discussion

b. Inconclusive ending

c. Breakdown of the negotiation

d. Decision or agreement

e. Removal of decision making to another arena

and so on through all the categories of issues.

Again readers may find it helpful to move straight to the discussion in order to follow the argument.

Table 5. Outcomes of Episodes involving Negotiation - Community A

	A	B	C	D	E	Number of episodes with each outcome	% of the total no. of episodes
a	0	0	2	1	0	3	3.2%
b	0	0	2	16	34	52	55.9%
c	0	0	0	7	9	16	17.2%
d	1	0	9	9	0	19	20.4%
e	0	0	1	2	0	3	3.2%
total	1	0	14	35	43	93	
%	1.1%	0%	15.1%	37.6%	46.2%		100.0%

Table 6. Outcomes of Episodes involving Negotiation - Community B

	A	B	C	D	E	Number of episodes each with outcome	% of the total no. episodes
a	0	0	1	3	0	4	5.5%
b	0	11	3	8	11	33	45.2%
c	0	0	0	0	0	0	0.0%
d	4	1	22	7	2	36	49.3%
e	0	0	0	0	0	0	0.0%
total	4	12	26	18	13	73	
%	5.5%	16.4%	35.6%	24.7%	17.8%		100.0%

Discussions of analysis of outcomes (tables 5 & 6)

Column 7 (% of total number of episodes) indicates that there were considerable differences between the communities in the way in which episodes typically ended, and in the distribution of outcomes between categories of episode.

About half the episodes in both communities ended inconclusively (b) and in community B the remainder ended with agreements (d) or decisions with the exception of 4 where decisions were postponed (a). In community A however, only 1/5th (20%) ended with a decision or agreement. Of the remainder, a few were postponed or moved to other arenas, and a larger number ended with a breakdown (c) or refusal on the part of one of the parties to the negotiation.

In the distribution of outcomes between categories of episodes the major difference is in the greater number of decisions reached in community B in episodes involving discussion of organisation of labour and resources (Category C) where over twice as many episodes ended in a decision. It should be noted also that there were twice as many episodes in this category in community B, and a picture emerges which seems to indicate that collective decisions are reached more easily in community B than in community A. In community A for instance only a quarter of the episodes involving rule governed behaviour (Category D) ended in a decision or agreement, as against almost half in community B. These findings may appear rather surprising when it is recalled that community A had a voting procedure for collective decision making, which in theory could be used for any matter relating to the daily life of the community. In community B there was no such procedure and

voting was explicitly discouraged by the guidelines from the parent organisation. Residents were "consulted" about most issues but formal authority was vested in the warden. This matter will be discussed in a later chapter, but for now it is enough to note that "democratic" procedures do not seem to have made decision-making easier.

Summary

From the analysis of the range and productivity (i.e. outcomes) of negotiations and the priority given to specified categories of social object in meetings certain tentative conclusions emerge:

1) In that the range and productivity of negotiations are greater in community B than in community A the former looks more like negotiated order than the latter.
2) In one area - the distribution of time, labour and resources - negotiations in community B involved the organisation of collective action more than individual arrangements, whereas in community A the reverse was the case. This suggests that negotiations may have penetrated the social order at a more profound level, and tends to confirm the suggestion that community B looks more like a negotiated order.

Major Serials and Series - See also Appendix A for Definitions

The comparison above however only takes us part of the way toward understanding how the social order of the communities is maintained and reproduced, and whether or not negotiation plays a significant part in that process. The next section of this chapter fills in the picture in a rather different way. In figs. 2 & 3 the major serials and series of

the fortnights tape-recording in each community are presented as sequences of issues* usually in the form of questions actually asked in the meetings or paraphased from the words of the participants.

The serials and series are judged to be major in that more time was allocated to them than other issues. Clearly the same caveat applies here as in the analysis above: that time may be filled by less important issues, in order to conceal or distract attention from more important ones.

In order to cope with this problem some way is required of identifying issues which are not only major in the sense that they take up a great deal of time, but also important. As we are examing the maintenance of the social order and the management of conflict then the subjective evaluations of the actors are not as relevant as the centrality of the issues to the social order. Bacharach and Baratz (1962) link power relationships specifically to "issues" and distinguish between important and unimportant issues thus:

"The distinction between important and unimportant issues, we believe, cannot be made intelligently in the absence of analysis of the "mobilisation of bias" in the community; of the dominant values and the political myths, rituals, and institutions which tend to favour the vested interests of one or more groups, relative to others. Armed with this knowledge, one could conclude that any challenge to predominant values or to the established "rules of the game" would constitute an "important" issue; all else, unimportant (1962:950).

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*A serial is a theme which runs through several episodes in different meetings. A series of episodes refers to a topic which regularly recurs in discussions (see P350 ff).

What is presented therefore is a sample of routine negotiation over a specified period of time. The selection of the sample is determined by the rules set out in Appendix A stated earlier that a serial or a major series should run for at least 3 episodes and last more than 10 minutes in total.

Where "important" issues arise which question or seek to challenge or revise the "rules of the game" or the predominant values there are typed in capital letters. Important issues which were missed but did not find their way into this sample because they did not have sufficient time devoted to them, (or did not find their way into community meetings at all) will be referred to in the following chapters.

The distinction therefore being made is between problems which are defined as involving the status or activities of individuals in relation to a non-problematic social order i.e. where competent and legitimate authority, rules, role-relationships, distribution of resources etc., appear to be accepted by all parties; and issues where the social order or the "system" itself becomes problematic. The point is illustrated by the warden of community B.:

".....I'd love to have Dave in the house personally, but we have to think of the community as well and I don't think we can stretch it any further and keep the system intact.": B.S. Mtg.1.

The point he is making is that an individual case may spill over into making the basis of the social order problematic. This however anticipates the discussion of how such spillage is contained, which is the subject matter of the next chapter.

Fig 2. Community A Major Serials (there were no major series)

Serial 1	Serial 2	Serial 3
Length 166 mins 51 secs	Length 85 mins 59 secs	Length 42mins 41secs
No. episodes 11	No. episodes 9	No. episodes 5
Focal issues:	Focal issues:	Focal issues:
Why is Pauline depressed? Is it to do with her family?	Why has Tommy been behaving oddly?	WHY HAS ANDY BROKEN THE WARDING IMPOSED BY THE COMMUNITY TO GO HOME AT THE WEEKEND?
. . . . .	. . . . .	. . . . .
Why did Pauline get drunk?	Is Tommy unable to form satisfactory relationships with women?	Are his family encouraging him to go against the community?
. . . . .	. . . . .	. . . . .
Were Dominque and Patsy to blame for not supervising her?	Why is Tommy ostentatiously ignoring people especially Frances?	Staff ask whether there is any decision the community can make which Andy will feel OK about
. . . . .	. . . . .	. . . . .
What can be done to prevent Pauline from getting drunk?	Why has Tommy cut his arms? Is it to gain Frances' attention?	Andy wants to go home again, and wants the community to agree.
. . . . .	. . . . .	. . . . .
Why is Pauline missing the meeting? Is it a headache or something else?	IS THE COMMUNITY WRONG TO CONCENTRATE SO MUCH ON TOMMY?	ARE THE STAFF TOO PRONE TOWARDS CAUTION, AND AFRAID TO TAKE RISKS?
. . . . .	. . . . .	. . . . .
Are the other women being mean to Pauline?	Whom did Tommy mean to hit with the chair?	Did the weekend go OK?
. . . . .	. . . . .	. . . . .
Is Pauline addicted to alcohol, or trying to defy and damage the community?	IS THE "NO VIOLENCE" RULE SENSIBLE?	Outcome Andy went home despite the community's failure to reach an agreed solution
. . . . .	. . . . .	. . . . .
	Outcome No sanctions agreed, "no violence" rule...	

Fig 2. (continued)

Serial 1 (cont)

ARE THE RULES ABOUT THE AVAILABILITY OF TAPES ADEQUATE?

. . . . . .

Outcome Agreement to allow rule to stand.

. . . . . .

HAVE STAFF GIVEN HER POISONED FINGER PROPER MEDICAL ATTENTION?

. . . . . .

How did Pauline's mother's visit go?

. . . . . .

Outcome Pauline warded at the suggestion of the consultant. All bar Pauline agree.

. . . . . .

Serial 2 (cont)

reiterated, by staff

Serial 4

Length 41mins 34secs

No. episodes 4

Focal issues:

Dick asks to have an exemption from 2 meetings per week.

. . . . . .

Does Dick want to miss the meetings for a worthwhile reasons, or is he merely opting out of the community?

. . . . . .

Will Dick ever be able to sort out violent feelings and actions towards women if he opts out

. . . . . .

Does Dick have a problem about work?

. . . . . .

Will Dick sort out the relationship with the therapist in his group?

. . . . . .

Outcome Dick's request agreed, with the proviso that the matter is reviewed fortnightly.

Serial 5

Length 39mins 33secs

No. episodes 4

Focal issues:

Francis asks to take 2 full days leave to attend a university interview.

. . . . . .

Why is it necessary to go home, can't she go from the community?

. . . . . .

Is this a constructive or a destructive impulse, bearing in mind that she failed to cope last time she took home leave?

. . . . . .

Outcome Compromise worked out Esther agrees to provide Francis with transport and company on the interview.

. . . . . .

FRANCIS REGRETS NOT TAKING THE LEAVE, BECAUSE THE COMM-UNITY IS ANARCHIC AND NOT SUPPORTING HER.

ANDY IS A HYPOCRITE FOR NOT AGREEING WITH HER ABOUT THE COMMUNITY.

. . . . . .

How did the interview go?

Fig 3. Community B Major Serials and Series

Serial 1	Series 1	Serial 2
Length 106mins 01secs	Length 42mins 04secs	Length 36mins 42secs
No. episodes 4	No. episodes 9	No. episodes 3
Focal issues:	Focal issues:	Focal issues:
How are residents feeling? Are they depressed?	How have residents performed their tasks in work group?	Which hospital is David in?
. . . . .	. . . . .	. . . . .
Is the shortage of residents making for extra work?	ROOM INSPECTION IS DEMEANING?	What is wrong with him? IS HE DEPRESSED AND SHORT-TEMPERED BECAUSE OF THE NATURE OF THE INSTITUTION?
. . . . .	. . . . .	. . . . .
IS THE DEPRESSION AND LETHARGY THE RESULT OF AN OVER-RIGID REGIME?	Why does William make the foreperson's task difficult?	Should both David and Mary have been put on a contract, after he threatened her for the first time?
. . . . .	. . . . .	. . . . .
IS THIS MAINLY THE FAULT OF THE WARDEN?	Outcomes No decisions about the form of the group. William agrees to try harder.	Why did Mary provoke him a second time?
. . . . .		. . . . .
Is Amy's withdrawal repressed guilt?		Is Mary to blame for David's predicament?
. . . . .		. . . . .
Outcome Amy walks out.		Outcome Agreement that Mary cannot be the only one at fault
. . . . .		. . . . .
IS THERE TOO LITTLE TOLERANCE OF DIFFERENT REALITIES?		Should David be allowed to return?
. . . . .		. . . . .
Penny sometimes can't tolerate William's reality.		Does he want to be here?
. . . . .		. . . . .
What do residents feel is missing from the community?		Outcome Decision postponed until David makes his position clear.

Fig 3. (continued)

Serial 1 (cont)

What can be done to improve things?

. . . . . .

Why does Amy hold back her feelings?

. . . . . .

Outcome Inconclusive ending to the meeting, but the momentum of the challenge only slowed down not stopped.

Series 2

Length 27mins 36secs

No. episodes 5

Focal issues:

Whose turn is it to be foreperson?

. . . . . .

Who is both available and capable of doing the job?

. . . . . .

IS IT NECESSARY TO HAVE A FOREPERSON AT ALL?

. . . . . .

Outcome It is accepted that the foreperson is needed to give feedback. Appointments made include a novel sharing arrangement between two residents

. . . . . .

How has the foreperson performed?

Serial 3

Length 10mins 43secs

No. episodes 3

Focal issues:

Why is Jenny behaving childishly by refusing to do her chores because her dinner was burnt?

. . . . . .

She is difficult to talk to because she is in the community on an evenings only basis

. . . . . .

Is she behaving more irresponsibly than other members who go out to work?

. . . . . .

How can we help her to integrate, and to eat with the community?

. . . . . .

How can her meals and chores be better organised?

. . . . . .

Outcome No formal agreements or decisions, nor any commitment from Jenny about her future behaviour.

Discussion

This brief survey of the major serials and series reveals certain similarities and certain differences between the communities at the time the recordings were made. The communities were similar in that it appears that substantial periods of time were spent in discussing matters relating to how individuals fit in with the established order, how to bring them in line, and whether they can be allowed exemptions on the grounds of their special needs. In other words if they are special cases which may be permitted without disturbing the established order.

The outcome of the major serials were frequently arrived at by working towards an informal concensus, a point where dissent was no longer voiced. Even where, as in community A there was a voting procedure, it was rarely resorted to except where there was a constitutional demand for it (e.g. The election of members to posts of responsibility and the selection of new members. This will be discussed in the following chapter). In none of the events in community A was a vote taken, although when Pauline was "warded" those who disagreed were invited to raise their hands. No one did. In instances where negotiations broke down or seemed likely to break down e.g. in the matter of Dick's exemption, or Andy's home leave, the matter was left in abeyance until a formula could be found which was likely to guarantee compliance. The same was true for community B although this is not so clear from the recorded sample. Individuals were given considerable room for manoeuvre - perhaps because the only sanction which could be effective without the co-operation of the rule-breaker was expulsion. This last resort was avoided except in

cases (e.g. David) where the physical safety was concerned, or where the disruption to the social order threatened to get out of hand. No one was asked to leave community A during the research period, and two members were suspended from community B. One of them - Peter - returned after a spell in hospital. The other - David - refused to return.

The other similarity between the communities is that within the negotiations there is almost always one or more points at which certain aspects of the social order is questioned or challenged. For the most part these challenges were contained, faded out, or at any rate disappeared. Here however is an important <u>difference</u> between the communities. In community B the discontent, and the questioning of a particular aspect of the social order - in this instance the competent authority of the staff - did not remain a series of isolated and apparently unrelated incidents, but becomes mobilised into a sustained and integrated challenge to the staff (community B, serial 1).

We have already seen that in some respects community B looked more like a negotiated order than community A. It seems also that not only was the range and productivity of negotiations greater in community B, but conditions were such that a sustained challenge (which lasted, incidentally, long after the research period ended according to both staff and residents) was stimulated and mobilised.

In some ways the picture which emerges from this way of presenting the major sequences of negotiation seems to be illuminated by negotiated order theory. Using Strauss' background-foreground

metaphor, the routine negotiations are foreground, with the background - the issues pertaining to the structural context - occasionally coming into focus and then becoming blurred again. There is within Strauss' model the potential for social change - the mutability of the structural process via the activity of negotiation. Strauss' handling of this critical issue is no more than suggestive of how this process might occur. In the first place his later work gives less weight to negotiation as the key feature of the process. The two ways in which he suggests background structure may be modified by negotiation are difficult to conceptualise in relation to either negotiation or the alternatives. The suggestion that changes in structure (background) may come as a result of the "cumulative effect" of foreground negotiations, sounds plausible but on closer examination this turns out to be either a reification of process, if the idea is taken literally; or else a process of routinisation, an incidental and unintended effect of human activity. If, to take an illustration, the granting of an exemption occurs so frequently and readily that the rule from which the exemption is granted becomes redundant, then either this is eventually drawn to the attention of interested parties and the rule is reappraised, or else the rule is gradually erased from memory and history is rewritten as though the rule had never existed. It would seem therefore that Strauss is in this instance describing a process which is an unintended consequence of collective action. Busch's metaphor of "sedimentation" (Busch 1980) is as near as the negotiated order theorists come to conceptualising adequately this process.

Strauss' other suggestion of "periodic collective reappraisal" also sounds plausible, at least when considering relatively small-scale

collective arrangements. There is however, a suggestion of rationality about this, which may draw attention away from the crucial question of how such reappraisals come about, what conditions stimulate renegotiation and the fact that where background structures are problematic it is not merely how things are accomplished that is at stake, but the distribution of power, the ability to see that other people act in accordance with the wishes of particular individuals or sub-groups. In the particular instance of Serial 1 in Community B it is clear that although the residents were demanding a collective reappraisal, the staff ultimately succeeded in preventing any major changes either in the way routine demands were dealt with or in the balance of power within the community. The dimension that is missing from Strauss' paradigm, therefore is the authorisation which would permit a collective reappraisal or the change in the balance of power which would compel it.

Summary

Suggestions from the sample of major serials is that potential threats and challenges to the social order are present in most routine negotiations, and are routinely handled, without any disruption to the established order. In some instances however, the threat becomes much more serious and extraordinary measures are taken, sometimes with temporary lack of success to meet and contain it. The routine management of conflict and the mangement of non-routine threats to the social order are the subject of the next chapter.

CHAPTER 7

THE CONTEXT OF NEGOTIATIONS AND THE OPERATION OF POWER

THE CONTEXT OF NEGOTIATIONS AND THE OPERATION OF POWER

In the preceding chapter data has been presented which suggests that far from being unstable institutions, where all social objects are negotiable, and the social order very fluid, the communities studied were, in a formal sense at least, quite stable. Although a great deal of time was devoted to negotiation about specific issues and individuals problems, much of this assumed and in effect restated the status quo - the system. For the great majority of issues, collective agreements or decisions were not formulated in either community, though in community B there were many more decisions and agreements about the day to day division of labour and about the use of time and material resources.

A major difference between the two communities was that in community B there was a sustained challenge by the residents acting as a group, to the staff's competence and to the legitimacy of their authority - two central components of the formal social order. In community A on the other hand, although the staff were criticised and their competence and their legitimate authority were questioned in the course of other events, these challenges were never made by the members acting as a group, nor were they sustained. In other words, dissent was mobilised by the residents of communityB and appeared as a topic in the negotiating arenas, whereas in community A at that time, dissent was evident but was not mobilised consistently or effectively in the formal arenas.

It will be recalled that in the negotiated order perspective there is an assumption that the potential for conflict and change is ever present in organsiations and institutions, and that order is rather like a fluid held together by a surface tension of temporary flexible agreements, formulated via negotiation or alternative modes of "getting something accomplished" (Strauss 1978). Within the two communities there seems therefore to be something of a paradox, in that there was a great deal negotiaiton, a fair amount of conflict, a sustained challenge to central features of the social order in only one of the communities, and ultimately very little change in either. We also know from the analysis of outcomes and major serials that much of the negotiation was inconclusive in both communities, and that where decisions were arrived at they tended to relate to domestic trivia or to individual members, rather than to the community as an organised, regulated collective agent.

Strauss directs attention to 3 (independent) levels at which negotiations should be analysed. In ascending order of scope they are:

1) Sub-processes of negotiation - trade offs, kick-backs etc.,
2) The negotiation context - "structural properties entering very directly as conditions into the course of the negotiation itself" (1978:99).
3) The structural "background".

The following chapters are concerned with the central question of how the social order of the communities is reproduced and maintained, and how conflicts of interest are managed or resolved. These two problems are inextricably linked in that the notion of order does

imply that conflict is managed in some way or other. As far as negotiated order is concerned the question we need to address is whether this process looks anything like negotiation, or whether the organisational order is sustained in important ways by other ways of "getting something accomplished". Further to this we need to know how the structural background is tied in to the interactional process.

The work of Strauss provides some guidance, but despite the fact that his later work is concerned with social orders in a wide sense, the focus of his interest is at the micro level - the relationship between the sub-processes of negotiation and the negotiation context. He suggests that negotiation contexts have certain properties, and suggests a list which he regards as relevant in some permutation to all negotiations:

> . The number of negotiators, their relative experience in negotiations, and whom they represent.
> . Whether the negotiations are one-shot, repeated, sequential, serial, multiple, or linked.
> . The relative balance of power exhibited by the respective parties in the negotiation itself.
> . The nature of their respective stakes in the negotiation.
> . The visibility of the transactions to others; that is, their overt or covert characters.
> . The number and complexity of the issues negotiated.
> . The options to avoiding or discontinuing negotiation; that is, the alternative modes of action perceived as available. (1978:100).

The problem is that although all these are the basis of empirical statements about negotiations, they are in themselves socially constructed by means of other processes which are not necessarily negotiation. Thus the numberof negotiators is of interest to the problem of social order only if we can establish how and where the number came to be fixed. The same goes for each of the properties of the negotiation context. In themselves they are less than meaningful in a study of the process of social order, the problem is how they came to be so.

Benson puts it more succinctly:

> "The negotiated order theorists have a basic difficulty in grappling with social structure, which in their framework concerns the relations between distinct contexts wherein negotiation occurs. While it may be true, as they contend, that negotiation is present in all social situations, the structural problem is to grasp the relations between situations - the ways in which some negotiations set limits upon others" (1977:12).

Maines (1978, 1980) argues that this is a misreading of the negotiated order literature, and cites a number of more recent studes which have focussed on the relationship between negotiation and structural process. Hall and Hall (1980) do seem to accept that the criticism has validity, and suggest that greater emphasis should be given to the distribution and enactment of power.

> "Whether or not there is negotiation is a function of power. Who gets to take part, the content of the negotiation, its process and outcome are also the resultants of power" (1980:9).

This is accepted, but it must also be stated that power does not simply operate through the machinations and strategies of the actors in intra-organsiational bargaining situations, but is inextricably bound up with the socio-historical conditions which have framed the shape of the organisation and the structure of the discourse. Therefore, although the focuss will be on the behaviour of the actors as they use the political resources at their disposal to shape the negotiations in a way that will produce intended outcomes, evidence will be sought of the structural "context" or framework within which they are operating, bearing in mind in particular E.E. Schattschneider's much quoted statement that:

> "all forms of political organisation have a bias in favour of the exploitation of some kinds of conflict and the suppression of others because organisation is the mobilisation of bias. Some issues are organised into politics while others are organised out" (1960:30).

The focuss of interest is not so much on the skill and motivations of individuals or groups within a single negotiation context, or in relation to a specific issue, although the argument will be illustrated by using brief case studies of selected issues; but rather on the way in which the action in one arena is constrained and influenced by the action in another. In this analysis Lukes concept (1977) of the relativity of social structure to time and persons is indispensible. It will be evident that what is structural for some people at a particular time is not necessarily so for others even in the same organisation, and that it is very much a political question

whether this state of affairs becomes problematic and therefore the subject of negotiation and potential change. In this chapter we shall focuss on the routine management of conflict in the two communities, on mechanisms of power which were similar in both places and which account for the stability of the formal authority structure through all the debate and negotiation. In the next chapter we shall look at the ways in which the communities differed, and from this try to draw some conclusions about the conditions in which periods of social change may occur, and what was structural enter the political arena.

Negotiation Contexts

When considering the contexts of negotiations in community meetings in the light of Strauss' suggested properties (see above) it is evident that although for each set of negotiations the context may be different in particular respects, there are certain stable features, which were the result of their institutionalised characters. In other words negotiations do not arise out of specific issues but out of structured settings from which issues arise. Although from the client groups point of view these settings may be structural - the way things are; for the staff the meetings were an essential part of the apparatus of control, and their structure was changed and modified at various points in both communities to suit the political strategies of the staff group. Changes which were over-frequent or which came at moments of heightened political awareness among the client group may at first have been counter-productive in that they could arouse suspicion; as in the case of the insistence by the staff of community A that the discussion of "staff feedback" should have priority over other items of agenda, which produced in some of the residents a sense that they were

being "demeaned". But once such a practise has become established it is for a new generation of clients a part of the meeting's structure. The very routine of the meeting itself was therefore established to reflect the priorities of the staff group, and the course of a particular meeting or set of negotiations should be seen in this light.

We will begin by considering how the pattern of the negotiations in the communities was structured, and the forms of political activity involved in this process.

Fig. 4 illustrates that in a given set of negotiations the properties of the negotiation context are related to two essentially political features of the action, and the structural relationship between the parties. The political features are the <u>selection and definition of issues</u>, (agenda construction) and <u>the organisation of the parties</u> to the negotiation, (planning of strategy, appointment of spokespersons etc.,). The structural relationship is the nature of the ongoing domination by one group of the other, qualified by the extent of the mutual dependence.

Fig. 4 Properties of the Negotiation Context

- The number of negotiators, their relative experience and whom they represent.

- The nature of the respective stakes in the negotiations of the parties involved.

- The visibility of the transactions to others.

- The options perceived as available to avoiding or discontinuing negotiation.

- The number and complexity of the issues negotiated.

- Whether the negotiations are one-shot, repeated, sequential, serial, multiple or linked.

Planning goals, strategy, appointment of spokespersons etc.

Influence on agenda construction, definition of issues, etc.

Relative organisation and balance of power between the parties to the negotiation.

Relative balance of structural domination/dependence.

From Fig. 4 it will be clear that we have given more prominence to the "relative balance of power exhibited by the respective parties in the negotiation itself", than Strauss and have extended the concept to include the notions of structural domination and dependence. The theoretical justification for this has been discussed already (see chapter 5). In our model all the features of the negotiation context are related to the balance of power between the parties to the negotiation if the focuss of interest is the problem of social order. We shall argue later that the power of the staff group is quite extensive vis a vis the client group, but that their power is never unqualified, and because of the mutual dependence between the two groups the more coercive forms of power were resorted to sparingly. Over-use of threat or coercian would run the risk of losing the clients co-operation and thus preventing the staff from fulfilling their claims about the "treatment". To give two illustrations: the ultimate power of the staff group to close the community in response to the threat of a resident "takeover", was not unqualified in that to do this would be to risk public failure and professional suicide. Less dramatically - the expulsion of one member because of disruptive behaviour or "pour encourager les autres" might backfire because;

1) It might weaken the credibility of the institution to outside agencies;
2) And/or the failure may well have an undesirable effect on the morale of the clients.

Dramatic uses of coercive power therefore have the effect of terminating negotiations in a way (which on balance) might harm the interestsof the staff rather than sustain them. The desirability of

obtaining client consent or at least acquiescence was therefore a constant factor in the choice of options as a means of getting something accomplished. Over-use of threat was in the eyes of the residents in community B one of the main complaints about the warden.

S. "So its not only R. (the warden) - you feel that it is directed against the house as a whole - its the whole set up that is restricting your freedom? Is that right?

Helen. It is partly that - but its partly the way he presents it - um, if ever you don't like it, its you either accept it or you leave...and..

T. Now that is a choice isn't it? I mean assuming...

Helen. ..You've got somewhere to go.

William. Its a very ultimate choice.

T. But it applies.....

Penny. Its not a choice within living in the house.

William. What I've found is that - whenever you bring up - not a problem but something you don't like about the house, you always get this thrown in your face; "Well if you don't like it you can leave". It's a very heavy proposition to put on somebody. Community B mtg 5.

As we shall see the junior staff find themselves making a similar complaint about the warden in the staff meeting that follows this meeting, after two members of the staff have challenged his justification of the system, (See Appendix B - staff learning, mtg p. 377) thus illustrating the fact that parallel features may permeate different organisational levels.

Mutual dependence therefore placed structural constraints on certain forms of power, and influenced both parties in their choice of strategies. We shall suggest however that it is important not to confuse the constraints of mutual dependence, so clearly illustrated by both staff and residents in the above extract, with a genuine coalition of interests. In the absence of other evidence, we can only assume that agreement reflects a temporary coincidence of interests, as we shall see when we come to discuss "respective stakes in the negotiations".

Relative Organisation of the Parties to the Negotiations

(Planning goals strategies tactics spokespersons etc)

In this section we shall consider the parties to the negotiations as being members of two main sub-groups - staff and residents. The way they organised will be discussed and related to Strauss' properties of the negotiation context (see Fig. 4). It should be noted that as members of informal cliques and as individuals acting on their own behalf, any member of either group could act to subvert or enhance the distinction between the two main sub-groups. This is the subject of the next chapter. Here we are more concerned with the formal authority structure and role relationships. For any issue in both communities the number of negotiatiors, their relative experience, and whom they represented was contingent upon the relative levels of organisation of the main sub-groups. Remember that the focuss here is not on structural properties in the Lukesian sense, but on how bias or power comes to be mobilised as a regular feature of negotiation context.

For any issue which they could forsee therefore the staff in both communities could and did "pack" meetings to sway the balance of the voting or of opinion, or if that was not possible they could see that issues were deferred until staff could be present via agenda control (see below). In community A the staff in order to ensure Pauline's admission which the residents at the time seemed unlikely to agree to, agreed that they would make sure the issue was raised at a time when the therapists were present to cast their votes.

Lapses in vigilance could be costly in that retrieval could precipitate an issue which would raise questions the staff would rather not have dealt with in public. Following on from the staff in community A having neglected to ensure that Tommy was not elected as chairperson, a task for which he was manifestly ill-suited, they were forced to confront the issue when a similar thing happened with Rob, which resulted in him cutting himself. An extract from the field diary (14/10) illustrates the problem.

"The election of a new chairman had taken place the previous Thursday. Rob had been elected against his wishes and promptly cut his arm (superficial scratches). The staff feedback was that rules about people being unable to refuse the chairmanship had been over-rigidly applied, and this was an attack on the staff. J. said that Rob had given a perfectly good reason on the Friday, saying that he wasn't ready. Dick challenged her to say why, if this was her "doctors orders", she hadn't made this known. It emerged gradually that the members view of the election was that Rob had given no very good reason for his refusal at the time of the election - just walked out. The

battle lines seemed to be whether "medical" opinion should overule the members rights to choose their chairman on their criteria. There was no resolution, just a decision by Andy which no one disagreed with, to hold another election that afternoon - also without staff present. J. suggested elections being held without staff but a week in advance to allow for discussion with staff. This was not an acceptable compromise to the members. J. got the feeling that the staff had "really lost a round here....". The problem for the staff here is that too rigid a stance would have raised awkward questions about the democratic process. In particular it would have called into doubt the fiction that staff spoke and voted as individuals on important issues, and possibly also stirred up the mostly latent issue concerning the staff's "medical authority."

It should be noted that despite the fiction maintained in both communities, that staff spoke and voted as individuals, the staff in fact made every effort to operate as a team in meetings. As we shall see in community B there was quite a lot of care taken in the selection of spokespersons, particularly when the most skilled and experienced members of the team were in some way unsuitable. In community B, S. Mtg. (Appendix B p.381) a junior member of staff who was not at that moment so much in the firing line from the residents was selected to raise the issue, so that the warden was better able to merge in with the whole team and so attempt to defuse the personal criticism of himself.

In community A an analysis of the number of contributions made in community meetings by staff reflects almost exactly their seniority and level of experience, (see chapter 8) with the most senior and

experienced saying most and so on. There are interesting variations between the communities in this respect which will be discussed later, but they do not disconfirm the idea that staff are as a rule careful about how they elect who speaks on their behalf.

A fundamental difference between the staff and resident groups in community meetings was in the nature of their respective stakes in the negotiations. For the staff any issue was a matter of working towards collective ends. Issues were assessed and goals set with a view to ensuring the survival, stability and success of the communities in their therapeutic task. This is not to say that the staff always agreed, even in public, but the terms of their employment, and their tasks were focussed via the staff group towards the community. This was so even where - as in community A - a great deal of time was spent considering individuals. .

For the clients the survival and stability of the community was the route to individual ends, rehabilitation, a place to live, etc., There were times when it appeared that the clarity of this difference was blurred, at other times it was too sharply contrasted for comfort. The resentment on the part of the clients for what they saw as the staffs privelaged position, was worked into all kinds of problems, though at times also staff could be envious of the residents dependency. As far as the balance of domination/dependence is concerned this fundamental difference between the groups had the important effect that staff in coommunity meetings were most of the time able to defer or supress their individual needs, disagreements etc., in the interest of collective solidarity and a common purpose,

all of which they could work on in private in staff meetings. For clients the community meeting was the main forum in which individual vs. collective interests were negotiated. Thus it was comparatively easy to split a resident challenge by shifting the focuss of attention towards the individual and possibly conflicting interests of the clients and exploiting their poor prospects of employment etc. As we shall see later the residents of community B resisted the division of their group more effectively, than the members of community A. In community B the issue was raised as a problem:

Helen. "Well there's something else R. does and that is he threatens you with the wrath of the community if you don't conform. And that is very heavy too... And in fact most of the time it doesn't exist..."

Penny. Actually he does often say "the community can't tolerate.... or "the community feels....." or "the community will feel to do with such and such".

.....

Helen. "It also divides us amongst ourselves I think - when you get threatened by the wrath of the community if you don't conform. Instead of trying to understand one another as to why we are behaving...as we are..." Comm B Mtg 5.

For some members what they experienced as their disadvantaged position vis a vis the staff, was so much a painful fact that they found it intolerable. For David and William (Community B) and Dick (Community A) this was a major factor by their own accounts in precipitating their leavings.

The visibility of transactions to others relates to the opportunity and ability of a group to organise itself to conceal or supress internal differences in the interests of a common goal. The exclusion of residents from the staff meetings in both communities served to give the staff space to plan, manoeuvre, and negotiate about differences among themselves; and thus not weaken their position by disagreeing in the public arena. Once again it will be evident that they were not entirely successful in this but the establishment of private staff meetings was clearly a tactical gain, which was sedimented into a structural advantage. The point was not lost on some of the residents, particularly Dick in community A - ever alive to political advantage.

Dick. I'll tell you something I didn't realise when you asked (The researcher) - you know you said about the staff meeting - you'd got an agreement from the staff about taping their meetings. I can't remember if we had any say in that - about you taping the staff meetings. Because you must have a pretty good insight into each one of us here or you will do after you've kind of done the staff meetings, er, you know, people are discussed individually and er, you know, you're in quite a good position aren't you?

.....

Dick. I don't believe small group confidences are kept on the staff meeting - I believe some of them are broken myself. they have to be I think. But then I'll never know. (Looks at the researcher who nods agreement) -but I would if I got hold of the tapes.....I think the staff - I mean I'm

not saying that they're broken all the time in there, but I think they must be a little bit dented here and there and er, I think that where staff say they're not broken in staff meetings that's just said to reassure the members.

.....

Ginny. I think we ought to have community members meetings.

Pauline.Discuss the staff and their problems. See if we can't help them. Community A Mtg 17.

It is interesting to note that in community A this suggestion was treated as a joke whereas in community B it was not unknown for residents to hold impromptu meetings to sort out differences which were not for staff ears.

The options perceived as available to avoiding or discontinuing negotiations were partly issue-specific, but as with all the other properties of the negotiation contexts so far considered, the bias was in favour in the staff group party because of their ability to organise themselves to select and preplan options, and partly because of their ability to mobilise resources to which they had structually greater access.

The options for clients were to give voice to their desire for change, or collectively or individually to withdraw (temporarily or permanently). The residents in community B with typical resourcefulness did try theatrical satire, but this did not bring about change.

The options for the staff were expanded by virtue of their being able to form alliances with outside agencies who could bring pressure to bear on clients and in some cases staff could block or delay client access to other agencies, to enforce a cooling off period by simply not arranging meetings. For example a case conference with her social worker was arranged to convince Helen that she should accept certain features of the regime in community B. In community A, Andy found it very difficult to arrange a meeting between staff and his probation officer when trying to negotiate greater freedom to leave the community because staff were hoping to settle the issue internally.

Summary

It has been shown that the properties of a negotiation context listed by Strauss as well as being issue - specific, are in important ways linked to the capacity and ability of the parties to the negotiation to organise themselves to make use of the resources available to them. Inevitably this in itself is related to the balance of power/dependence between the parties, their differential access to resources etc., but we have seen indications that resources can be used ineffectively, insensitively and that limitations can in some circumstances be mitigated. The previous section has concentrated on the planning of strategy to deal with issues which have arisen, and about which there is some agreement about the definition of what is problematic. Attention will now be turned to the way in which issues are selected, defined and the framework within which they are discussed and decided.

Agenda Construction

The 2 properties of the negotiation context which relate to what has been described as agenda construction (Fig. 4) are, as has been suggested earlier in the discussion of decisions and non-decisions only the tip of an iceburg in relation to the maintenance and reproduction of social order. More central to the enquiry is the question of how issues are selected in and out, how they are framed and by whom. Therefore, rather go through the properties one by one, the discussion will move onto how agendas were typically constructed in the two communities.

Community A

The agendas for community meetings were written by the members in the agenda book, usually in the form of the names of individuals, rather than as issues. This was tied in closely with the framework within which Community A negotiated problems - as a function of individual pathology. At the beginning of each meeting a staff member read out a report on the events of the previous few hours and in the process highlighted individuals whose behaviour indicated a possible topic for discussion. Thus in meetings where the doctors (therapists) were not present (8 out of 11 per week) the agenda was constructed almost wholly by members, with a little prompting from the staff report book. During the research period these meetings were notoriously silent and the agendas very empty unless the chairperson could think of some topics to fill in. On average during this time over one third of each meeting was spend in complete silence when the therapists were not present. The average when they were present was less than 2 minutes silence per 45 minute meeting. Part of the reason why the members did not use the opportunity to construct their own agendas, is suggested in

the extract from the meeting on Pauline's request, to be unwarded, quoted in Chapter 6 - that is the all pervasive tendency to see the life of the community in terms of individual pathology - a feature of the community which will be discussed more fully in the next chapter.

When the therapists were present, a report of the previous staff meeting was included at the beginning, in addition to the brief resume of the evenings events which appeared in each mornings meetings. The staff "feedback" was originally introduced to make the members feel less excluded from the staff meeting. It had developed however into an important means by which the staff drew attention to their opinions and wishes, and influenced when and how issues were discussed. The significance to the staff of the "feedback" was acknowledged during the fieldwork period by the staff's insistence against some opposition (mainly from Dick and Andy) that it should take priority over other items of agenda on the days when the therapists were in.

In order to appreciate and illustrate the importance of the "feedback" as a device used by the staff to exert presssure on the members and to influence the selection and definition of issues it is necessary to set it in the context of the regular staff meetings, which followed the community meetings on the days when the therapists were in. This is an important illustration of the ways in which the negotiation arenas were linked and the importance of such linkages.

The staff meeting consisted of all staff who were on duty plus any visitors who happened to have been in the community meeting that day. There was no pre-arranged agenda nor a chairperson, hence the first

task was to decide who would take notes for the staff feedback book. Once this was agreed (by no means an easy task) that person by common consent compiled an agenda by asking round what people wanted to discuss. The first item on the list was always the community meeting, which in effect meant that issues raised in the community meeting were discussed in the light of the staffs knowledge of members histories and information gleaned from the groups. The items that followed this first item which always took up the greater part of the meeting, were routine matters concerning referrals or matters of hospital politics which were likely to effect the community. Without a chairperson all these "business items" were squeezed into a short space at the end of the meeting. A good example of this has already been mentioned in relation to the researchers difficulty in getting a staff meeting to discuss feedback on the project. (See chapter 5.)

As the meetings progressed each item was ended with a remark something like: "Shall we report on this?" There would follow a lengthy piece of negotiation, occasionally longer than the discussion which preceded it, about how to present to the members the aspects of the staff discussion which the staff wanted them to take note of in the community meetings. The extract that follows is a brief example:

H. I don't think there is anything we can say about this is there? (Pauline's crisis with the community and her family) I mean it's all been said really.

A. Perhaps that Pauline's crisis doesn't sort of undo or ...return back to square one is better wording perhaps.

H. What shall we say A. - that we hope that...

A. That we think is her present crisis doesn't mean a return to square one ...something like that...just a crisis...

H. So... (mutters while writing) We don't see her present crisis as a symptom of return to square one.

A. Plain English (laughs).

J. But you could add something that.. er ..

H. That new possibilities were available.. something like that. Sounds a bit sort of evangelist doesn't it?

J. Well no - that she would be able to be herself to her mother rather than pretending this time.

H. Say that again.

J. That she will be able to show her real self to her mother rather than acting.

H. Alright.

J. I don't know whether you agree with that point.

H. We will say that "We don't see her present crisis as simply a return to square one and are optimistic about the possibilities of further work".

In this extract the staff are presenting to the community and to Pauline in particular, not a summary of their discussion, but an interpretation of her problem (she does not show her real self to her mother), generalised encouragement and an exhortation to keep trying. Pauline and the community would then be invited to discuss these at the next community meeting. In fact the discussion in the staff meeting concerned mainly Pauline's relationship with two of the therapists - her group leader and another of the therapists whose patient she had been outside the community and who had been influential

in her admission, but this was selected out of the feedback. As to the encouragement this was certainly ambivalent since the discussion had began by the consultant saying "I feel very despairing about Pauline".

The staff were not unaware of their selectivity and distortion as regards feedback. The researcher was informed early on by the junior doctor who was about to leave to be replaced by staff member A. that feedback had to be "diplomatic". It is unclear though how far they recognised the construction of feedback as a activity of agenda and impression management. An illustration of how these two aspects of feedback as a political activity combined came in the staff meeting which followed the occupational therapists attempt to make an innovation in the daily programme. The way in which Dick almost by accident became the catalyst for a split in the staff group will be discussed separately in the case study given later in this chapter, as it is of great interest as an example of how a lower order setting can precipitate a crisis higher up the organisational heirarchy. For now we are concerned with the way the staff organised themselves to manage and contain the crisis. In this extract we see how an issue is selected out of future agendas, to prevent the members gaining any political advantage from the division among the staff:

J. Well what shall I report back...?

(The discussion continues for a while ignoring this)

J. Shall we come back please - because we have 25 minutes.

P. Well you could say that we want to discuss it again I don't know.

A. Yes, the discussion goes on.

J. So... "We talked about the Occupational Therapy....."

P. Yes the involvement of the ...I don't know. How do you want to put it?

J. I don't know - I thought about the involvement of the staff. "We talked about the involvement in the cooking". Yes -? But then it will come up with all the other things. Where do we draw the line?

A. This is a very snooty (sic) quicksand. I don't think we should report about the staff discussing their participation.

Hn. Yes, I don't think so actually... actually because I think we are not - the whole staff isn't here.

C. We are only just sleeping on it.

A. And they'd be very eager to pick up anything.

Hn. That's right.

C. They will just use it,

Hn. I think we need to be clear in our minds - everyone concerned -what we are doing - before reporting something like that um.

J. Um.. Yes I don't report on this.

A. Yes what are we ...our real contention and idea was to discuss O.T. and involve art and other activities also in the same, because discussing why don't they attend is what we are really doing...

(Interuption to ask art therapist if she can come to the next community meeting. She cannot).

J. So shall we put that we are pleased people have shown more interest?

A. Yes - interest in Art therapy - particularly of communal cooking.

J. We'll leave the cooking ... and we were going to reinforce again that people are should attend activities but shall I just say that we were pleased people were showing more interest.

Hn. More people are showing interest.

A. We welcome that - We have to keep a low profile on this.

Hn. They might just give up, once the staff praise them - they might give up (general laughter).

A. Low profile...

J. Well I feel praising them too much we can't...

We should note the transformation which the staff manage to effect whereby a problem which they are unable to resolve about status and the division of labour within the staff team ends with a shared joke about the pathological perversity of the members in not accepting praise and encouragement from the staff at face value.

The inability of the members to resist the staff's collective influence on the way issues were discussed despite the undoubted suspicions that some of had about the accuracy of the staff feedback will be considered later. We must add at this point however that the control the staff exercised over the issues raised in the community meetings was in some ways haphazard, almost accidental. The staff meeting certainly devoted a great deal of energy to working on the issues raised in the meetings and re-interpreting them in the light of their dominant theoretical paradigm (individual analytic psychology) but <u>which</u> individuals were discussed mostly followed the selection of the members.

Because of the lack of any systematic procedure among the staff for reviewing the progress of individual members, the members whose problems were discussed tended to be those who had in some way drawn attention to themselves, or as in the case of Tommy and to some extent Dominique and her eating habits, were manoeuvred into the spot light by other members. Once a member had been identified as being or having a problem, the system of feedback and follow up meant that an individual could remain on the agenda for weeks in both staff and community meetings, while other members could remain unnoticed for an equally long time. There was a sense therefore in which the whole community was controlled by the agendas, and this tendency to be continually fighting "bush fires" became distressing to both staff and members. Frances at one point, when Dominique had been on the agenda for nearly two months, said in some frustration:

"I'm feeling that the whole community is filled with Dominique and food".

Here we see the tendency of political activity to become locked into structures which both parties to a power/dependency relationship are powerless for a time to change. The system appears to act them rather the other way round.

Community B

In Community B there was a full community meeting once a week, and what were called "coffee groups" each morning, after the work group (domestic chores) had been completed. These were in effect community meetings for the residents, as only one member of the resident group was working on a regular basis. All staff attended the full evening community meeting, but as in Community A, the other meetings were

attended by those who happened to be on duty.

There was a fixed order of agenda for the community meeting which in theory remained constant every week. This included items of business relating to the running of the house, a report from each of the weeks groups, and a "community slot" which was unstructured and in which residents could raise matters which were on their minds. Despite the apparently fixed agenda the staff regularly altered the order to suit their objectives. They were able to do this because they agreed the agenda in the staff meeting, which preceded the evening meeting, and passed it onto the chairperson before the meeting assembled. Where the order was thought to be too confusingly different, a staff member might suggest that she sit next to the chairperson to prompt them and explain the changes. Those items which could not be dealt with for lack of time - including very often the community slot which was sometimes squeezed into the last 10 minutes of the meeting, and sometimes left out altogether - were passed on to the following morning's coffee group. This arrangement could cause problems because of the absence of key members of staff the next day who were off duty.

The community meeting was very business-like. The weeks programme was decided and announced by the staff, noting which activities were compulsory and which were optional. The list of those who had and had not paid their contributions to their fees, was worked on in the staff meeting and given to a resident to read out. This tactic enabled the staff to challenge those residents who were defaulting without appearing to have prepared a case beforehand. In the staff meeting the staff had in fact already worked out, based on their assessment of the

residents general reliability who should be allowed some leeway for repaying their debts, and who should be challenged immediately. William for instance who was characterised several times as the sort of person who would "drive a coach and horses" through the system if allowed, was never allowed any grace as far as debts were concerned.

The full community meetings in this community therefore were much more openly organised by the staff, and priority was given much more to discussing and monitoring resident's performance in the daily tasks of community life than in Community A, where their member's behaviour tended to be seen as a manifestation of their underlying problems, which were the main business of the meetings.

The coffee groups were more informal though the main item was always the same - the "foremans" report on the "work group". The choice of terms reflects the ideological commitment to enabling the residents to come to terms with work discipline, and the authority structure of the shop floor. The irony of these expectations for a client group who had not, and were not very likely to experience the shop floor even if they could find employment on leaving, did at a point of considerable tension with the residents, become apparent to some staff. This was discussed in the staff learning meeting (see Appendix B) and as the extract reveals the staff felt at that time, locked into this framework by the ideological orientation of the parent organisation, although they did acknowledge the anxiety that they might be giving too much priority to work for its own sake.

The foreman's report consisted of a systematic run-down on how

each resident had performed during the two hours of house cleaning. This report and foreman's own performance were monitored by the staff on duty who accompanied the foreman on his inspection of the house and bedrooms. Despite the monitoring there was considerable collusion among the residents to ensure that work groups were not too formal or disciplined. Illicit cups of coffee were winked at by the foreman, work was expanded to fill the time available etc., an illustration of the internal organisation of the residents as a group referred to in the next chapter.

The remainder of the coffee group dealt with issues of friction which had arisen during the previous 24 hours. Here again the staff had the opportunity to keep each other informed, since in addition to the formal staff meeting, they had numerous brief meetings; pre-groups, "hand-overs" etc., though perhaps not as many as they felt were necessary at moments of tension. When staff member T. asked the residents at the beginning of meeting 5, why they looked depressed, he clearly felt unprepared for the 1 hour, 24 minutes of answer that he received.

The staff meetings in Community B were also more organised and business-like than those in Community A. There was a written agenda which was posted every week on the television set with sellotape, and which had at the end a small note reminding staff to help each other to "keep to the point and be conscious of time". Business concerning the administration of the house and the programme was followed by a systematic review of each resident in turn. After a short break in the middle, the "the state of the community" was discussed and it was then

that the agenda for the community meeting was planned, and strategies agreed to cope with forseeable eventualities.

An illustration of planning among the staff in this community is provided and is discussed in the case studies in the next section of this chapter.

Summary - Organisation and Agenda Construction

In this chapter so far the organisation of meetings and the routine relationship between negotiation settings - the staff meeting and the community meeting has been discussed. We have emphasised the political organisation of the staff, and the ways in which they limit and control negotiations in the community meetings. In both communities the staff meeting was devoted to a great extent to the definition of collective aims and objectives, and to planning ways in which they could be achieved within the negotiations in the community meetings. In particular we have noted the manipulation and construction of agendas and the planning and organisation of joint strategy.

We shall now look at two brief case studies, one from each community which illustrate these processes and are suggestive of the factors involved when the staff's organisation breaks down, and the steps which may be taken to restore order.

Two Case Studies

1) The Cookery Crisis in Community A

It was suggested at the beginning of this chapter that although as a general rule, higher order settings constrained and limited the negotiations in lower order settings, in specific sets of circumstances this general rule may appear to be violated. The incident from Community A begins as fairly routine instance of the members resisting in a very incoherent and disunited way, an innovation to the programme suggested by the staff. The most vocal resistance as usual came from Dick, who in the course of casting about for ways of getting the proposal dropped happened to strike a note which revealed several large splits in the staff team. All the meetings were recorded and an extract from the staff meeting where the staff effectively organised this topic out of the agenda in the interests of preserving unity among themselves appears earlier in this chapter (pp. 237-9). Here we see an example of how someone may act quite unwittingly as a catalyst for a minor crisis in another (and in this case higher order) setting.

The crisis came about as the result of an attempt at innovation by the occupational therapist, who for some time had been dissatisfied with the support which her attempts to lay on interesting activities for the members were receiving. Supported by her husband, the therapist A. she let it be known that she felt that activities were given a very low priority by the other staff, particularly the therapists who did not seem to allow them a prominent place in meetings, nor regard non-attendance as seriously as non-attendance at groups or community meetings. This was acknowledged to some extent by the therapists, and the "activities meeting" where the programme of group activities was planned, was moved from after an afternoon community meeting to a regular slot in a morning community meeting,

when all the staff and members would be present.

This was a move designed to raise the status of group activities, though the re-arrangement was not wholly successful in giving the intended message. The activities meeting was postponed twice in the first three weeks because of crises which were considered more important. In the middle week when the meeting did happen, the O.T. suggested that groups could beformed and put on a rota to provide and cook special meals every so often for the whole community. There was in this move an implicit recognition that the "cooking" usually done on the ward was mainly opening tins and reheating food from the hospital kitchens.

The idea received a mixed response from the community. The women, on the whole, thought it was a good idea - the men were not keen. One of the men threw back a challenge to the therapists that they should demonstrate their enthusiasm for the project by coming in and sharing in the cooking. The community meeting ended with agreement in principle that the experiment would be tried, though the man who challenged the staff refused point blank to contemplate the idea.

The sequel to this was a lengthy staff meeeting, examining the challenge which in fact split the staff in every direction and in the process made explicit both the staff hierarchy, and the conflicts of interest in the group. One therapist was very opposed to joining in the cooking, both on practical grounds, her own work schedule; and on "therapeutic" grounds, that such participation would reduce the therapeutic distance between herself and the members. She was

supported by the social worker, who felt that confusing roles in this way would disrupt the ward and make the members feel insecure. Another therapist and the O.T. thought that the therapists should get more involved with members; that reducing the distance between members and the therapists was a good idea and that diversifying activities on the ward would bring benefits in community spirit. The nurses were mostly opposed to the idea, not in principle, but on the practical grounds that, as they were the people who were present on the ward most of the time, all this would mean in the end was extra work for them, when they felt themselves stretched to breaking point already. The discussion was postponed without any agreement being reached until the consultant who was absent that day could be present. The staff feedback to the community meeting, it was agreed after some discussion, should be that the staff were still discussing the matter, rather than, as the first suggested, the staff could not agree among themselves.

As far as I know, the subject was never raised again and the O.T. left shortly afterwards, feeling that she had been unable to make any real contributions to the life and work of the unit.

Central to the management of this potential crisis was the way the staff organised to conceal their own disagreements and remove the topic from the agenda, perhaps an instance of "impression management" (Goffman 1959). It must be noted however, that their apparent success in containing the problems cannot only be ascribed to tactics. Burying the problem depended on the O.T. being prepared to drop her claim to a more central role in the life of the community. Here the organisation and heirarchy of tasks in the hospital seemed to her to be biased

against the para-medical workers achieving more than the status of useful but optional extras in the treatment process; and rather than press her dissatisfaction she left. Her departure, although it left a gap, did not disrupt the patterns of dependence which had built up between the members and the more central staff members, whose services were less dispensible to the organisation. Had the dispute been between the therapists, then the consequences might have been much more serious. The events described below from Community B, illustrate the significance of a split between the senior members of staff. The occupational therapist may therefore have been as much a victim of the structural bias of the organisation, as of the lack of support from her senior colleagues.

2) "Open Warfare" The First Shots

A Crisis Between Staff and Residents in Community B

The events described below illustrate the eruption of an agenda which staff had not forseen, and for which they were at the time, ill-prepared. We will follow the event, considering the build-up and the steps the staff took to retrieve the situation, in particular the way in which they stage-managed the agenda and the definition of the issues in a community meeting. We will concentrate on four recorded meetings - two staff meetings and two community meetings - which were directly linked together in that the participants referred back to the first meeting (mtg. 5 - a coffee group) in all the subsequent meetings.

We have already hinted at the background to the affair. The residents as a group, were to a noticeable extent, united against the staff when the fieldwork began. On almost the first day the

researcher was sounded out about how much he would report back to the staff. In Community B unlike Community A however, the testing out of the researchers integrity was done by a group of residents in the lounge rather than by an individual in private. Residents complaints at this stage surfaced as statements about the "authoritarian" attitude of the warden, and feelings that they were not listened to, nor their opinions taken into account. In the background, and concealed in so far as that was possible, was the deteriorating relationship between the warden and his deputy. The origins of this were lost in the mists of time. Post hoc accounts from the protagonists and other staff seemed to agree that there was a clash of personalities, compounded by disagreement about how the community should be run. The other staff were involved in the dispute in staff meetings, and because the warden with the agreement of the house supervisor had stopped the deputy supervising junior staff. The effects on the residents were unknown, because the subject could not in the view of the staff be opened in public. There were however compaints of an emotional withdrawal by the staff, that they were too busy to be with the residents etc. Staff member S. mentions this in her opening remarks, (see p.378) and supports the residents perceptions. She also mentions the staff's attitude to workgroup as being over-concerned with work and not enough with relationships, and in this gets some support from other staff members.

This is not an unfamiliar pattern in therapeutic communities (Manning 1980) and if unchecked it can have serious consequences for the community. The strain on the staff manifested in sick leave by both the warden and deputy, and so increasing tendency to communicate

in writing rather than face to face by both staff and residents. The residents felt that the staff had become very bureaucratic and legislative. They pointed uneasily to the notices which appeared announcing modifications in the "ground rules" and in return wrote anguished attacks upon the warden in the communications book. On one occasion he replied in the same book, and the resident concerned came to the next community meeting with a prepared statement about the warden which he insisted on reading out for 15 minutes uninterupted. (N.B. The "communications book" was intended as a way of leaving messages about day-to-day events, but expanded for a while into a log of the residents pain and anger, with drawings, poetry, and occasionally pages torn out when someone did not want their anger bequeathed to posterity).

During the first week of tape recording the Deputy Warden left the community unexpectedly, and eventually took up an appointment as warden of another community with the same organisation. She left feeling angry and misunderstood, and refused to attend a staff meeting called to plan how her departure would be handled in the community meeting. Thus the community meeting was fraught with anxiety for the staff in that they feared that the Deputy might reveal openly the divisions in staff team which they had assiduously hidden from the residents. In the event she took the blame for her abrupt departure on herself, appeared very upset in the meeting, and allowed herself to be cuddled by the residents. The staff remained absolutely silent throughout the discussion of her departure, and left the residents to pay all the tributes and express the guilt. This did not pass unnoticed among the residents who made veiled allusions to the evident division among the

staff with remarks like:

William. "I think you are one of the most wonderful people on the house".

Penny. "I think that the reason that your're not easy to work with is that your're honest.

Amy. Well, we love you anyway.

Community B Mtg. 2.

A further disturbing event had occurred the previous week when a resident (Dave) had been readmitted to mental hospital after threatening a female resident (Mary) with a knife and taking a small overdose. There was much soul-searching among staff and residents about how much Dave had been provoked. Most people admitted to being quite disturbed by his rather "sinister" aloof attitude, and sensed a potential for violence - although he had not any stage hurt anyone, and not previously threatened anyone. The residents feelings were mixed because Mary was known to be provocative and had been observed to display a certain sense of achievement at David's departure, and also because David had been particularly lucid in his criticisms of the community and the warden in particular. The resident's response to all this was typically concerned with fair-play, justice and not passing over-hasty judgements on each other:

Community B

Meeting 1

William. What's actually wrong with him? (David) Do you know?

T. How do you mean? You mean why is he in hospital?

William. What's been diagnosed wrong with him at the hospital?

Kate. He just took an over-dose.

William. Yeh - but he's been put in a mental hospital.

Kate. You can be put in for all sorts of reasons.

Penny. You don't have to have a specific label.

Kate. It's best not to label people.

Amy. Well I'd label him pissed off.

Kate. Yeh - simple as that.

....

Meeting 3 A discussion of whether David should be invited back to the community

Amy. It's not so much what we think as how he (David) feels - and he felt that he couldn't stand this house any longer, and couldn't stand it because it was an institution, and didn't like being put back on contract. So he wanted a meeting with his social worker. So I mean it's got a lot to do with David.....It's not what we want.

.....

Meeting 5

Penny. It's kind of like some of what David was saying last week.

Helen. Yes, I felt very sympathetic to David when he said that last week. I felt very angry with R. (the warden)

because I felt he walked all over him - and perhaps that identification and I just feel that R. walks over me and I don't know how to stop it.

.....

Meeting 3

I. Do you think you've got a certain amount of responsibility for what happened?

Mary. I might just have put a spark in it I suspose.

I. Do you not think you actually pulled the trigger of the gun?...Do you not see this?

Mary. Well - he just flared up to it didn't he...He - maybe he would have done it in the end anway.

Amy. I don't think you can dump all that on Mary (quite angry - Penny indicates support) I don't think that's fair - sorry.

B. No I don't think that Mary is responsible for his overdose and for his leaving as well. And I only try to ask her what she feels - how she feels about him coming back. I think we say to you that you aren't responsible for it.

In the event David refused to consider returning, saving everyone a decision. We see in these extracts a strong sense of group identity which includes Mary and David despite the anxiety they have caused, and the beginnings of coherent opposition to attempts by the staff to divide them.

It was against this background that the coffee group (Mtg.5) erupted into a lengthy account of the residents complaints in which despite the evident differences between particular residents - notably Penny and William - the group sustained a united front and caused considerable discomfort to the junior staff present, who let the meeting over-run by nearly 30 minutes.

That afternoon there was a staff "learning" meeting (See Appendix B) at which the staff who had been present in the morning tried to discuss the sense of having been caught unprepared, and as the meeting progressed it became clear that the staff group was by no means unanimous about how to deal with the rising tide of discontent. The meeting ended with considerable tension when the warden appeared to issue a generalised ultimatum to staff that if they could not accept the way the community is run they might as well leave. In doing this he clearly said more than he intended and retracted in some embarrassment, but the staff as a team were organisationally in disarray.

The following week in the staff meeting which preceded the community meeting, the issue was again raised. On this occasion the community's supervisor (G.) in effect took over the leadership of the group, to enable them to plan strategy, and regroup their forces. A long extract from this meeting is included in Appendix B and several important points arise from this script. One is to note the strategic planning, rehearsal, and coaching - particularly from the supervisor - that goes into the discussion. Another is the appreciation again by the supervisor (and the warden) that the outcome of the discussion is

likely to be strongly influenced by the terms in which the problems are defined. Negativity or specific criticism is organised out by a simple redefinition into a "positive" sounding slogan.

A third and more subtle point to note is the way in which the staff manage contradictions in which they find themselves. Ideologically it is difficult for them to reconcile their idea of themselves as responsive and open to criticism etc., when it is criticisms of these aspects of their behaviour from the residents that they wish to disarm. Both staff member S. and R. the warden say at some point that they accept the residents criticisms in some measure, but the staff's tactics are to close ranks in response to one member beng singled out for citicism, albeit with passing acknowledgements to the imperfections and frailties of human kind generally, and reinterpret the problem to themselves as a sign of the deficiences of the residents. (They are "over-dependent", "paranoid", "over demanding"). Where the staff forsee a danger that they may falter as individuals, they arrange to use teamwork to protect each other. there is an irony that by maintaining such a united front they might well cause the residents to suspect that the staff are conspiring against them, thus placing them in a position where further signs of "paranoia" are visible.

In the event the staff's plans worked out quite well for them in the community meeting. Attempts by William and Helen to mention particular grievances were blocked by redefining them as single word slogans of "need". A short extract from the meeting will illustrate this point.

Community B

Meeting 8

(S. has asked for a "brainstorm" on the communities unhappiness.)

S. I mean general things - you know whatever things people want to get out of the community - what qualities they are missing at present...Because that seems to be happening - that people are missing something.

William. Happiness.

Helen. Well, I think what happened in our group is relevant in that...

Kate. What did William say - Happiness (writes)

S. Well perhaps we should start off with the needs people have...Could you make that a bit more specific Helen...?

Helen. What's that?

S. You said it had something to do with what's been going on in your small group.

Helen. I see....um.

R. Could you express it in much more of a need?

Pause

Helen. Perhaps you could start....

Kate. These are all very sort of abstract things., like write down "understanding" and "warmth" and "love". Is that what you really meant?

Rl. (new staff member) I think you have to decide everywhere quite different terms. I think you have to look at what

you mean by understanding or warmth.

R. Could we start with these things and then sort of work out as to how we can meet these needs. (S. agrees).

William. Well, do you want me to explain what I meant by happiness?

R. Maybe could we just get a whole lot of needs first of all - and then perhaps look after...

S. Just a brainstorm you know... to gather in what people er need first.

Despite the apparent success of the meeting, the matter did not end at that point.

The high spot of the Christmas party was a play by by the residents in which some of them dressed up as members of staff and acted a rewrite of the Monty Python "Spanish Inquisition" sketch with the warden as the chief inquisitor.

Three months later the researcher returned to the community to find that there was still considerable tension between staff and residents. William described it as "open warfare". The warden had by this time gone on an indefinite period of sick leave, and the community had to wait for some months before a new warden was found and installed.

Conclusions

We have in this chapter gone some way towards answering the question posed at the beginning as to how with so much negotiation so

little change occurred within the social order of each community - the distribution of power, and authority; role relationships; the division of labour and resources etc., remained essentially the same. The "system" remained intact, though threatened in the case of Community B.

Central to the maintenance of the social order we have suggested was the organisation of the staff team and their ability to conduct their own negotiations away from the public arena of the community meeting. We have seen the staff of both communities organise to control and bias the outcomes of negotiations:

1) Through the construction and manipulation of agendas; selecting in and out of issues to minimise the threat to their authority, and deflect debate towards the inadequacies/problems of individual clients.
2) Controlling information about themselves and their interactions, their divisions and uncertainties.
3) Rehearsing strategy and teamwork, coaching and being coached in order to prevent individual staff members being singled out for criticism, and ensuring spokespersons are well briefed and suited to the task.
4) Socialising new members into ideological and linguistic frameworks to butress their stance and to limit and control the range of the discourse in meetings.
5) Co-operating with professionals at other organisational levels and from outside the immediate organisation, and enlisting the support of families, social workers, etc., to refocus attention on the problems of individual clients.

Thus the open and direct use of power and threat is minimised and a negotiating stance is maintained without much disruption to the status quo. We would suggest that the relationship between the negotiation arenas we have observed is characterised by the manipulation of linguistic symbols and other contingencies to limit negotiation to individual cases. In terms of the social order of the communities therefore "negotiation" does not seem to be the most important mode in which something is accomplished. In general productive negotiation seems to occur mostly in relation to issues where the social order is not threatened with change.

At the centre of the analysis therefore is political activity - the operation and mobilisation of power as it is visible in the relationships between the formal arenas and in the negotiation between staff and clients.

In this respect Strauss' paradigm is inadequate and the statement by Hall and Hall (1980) referred to at the beginning of this chapter goes part of the way towards addressing this central problem. The evidence is that the staff teams from each community were able with different degrees of success to contain challenges and threats to the social order of this comunity i.e. to mobilise their power and access to resources in such a way as to disarm opposition.

It is not however sufficient to say that the staff team in Community A were more effective in containing potential challenges. In many respects they were far less organised than the team in Community B. Mobilising resources and manipulating contingencies are only part,

perhaps a small part of the process which maintains social order. In order to account for the relative lack of challenge to the established order in Community A it is necessary to consider the structured relationship between the staff and the members/residents in the communities - the structural domination of one group by another. This will be discussed in Chapter 9.

CHAPTER 8

THE FORM AND STYLE OF NEGOTIATIONS IN THE TWO COMMUNITIES

THE FORM AND STYLE OF NEGOTIATIONS IN THE TWO COMMUNITIES

The following two chapters discuss the problem of how far the characteristics of the negotiations in the two communities may be considered structural, and also pose the question of whether there are any circumstances in which a more profound upheaval in the social order might occur.

In previous chapters it has been noted that the physical and organisational settings of the communities were very different (most obviously that one was in a hospital and other was not), and that certain characteristics of the negotiations were different. We have looked in Chapter 6 at the <u>issues</u> and <u>outcomes</u> of negotiations and found that:

1) The range and productivity of negotiations seemed to be greater in Community B, and that they tended to involve the community as a rule-governed group to a greater extent in Community B.

2) There was in Community B a sustained challenge to the authority of the staff, which relative to the challenges in the other Community was more organised and articulated by the residents acting as a group.

There were other differences between the communities which do not so much relate to issues - what was talked about - as to the forms of negotiation - the way issues were talked about. This will be referred to as the <u>style</u> of the negotiations in each community, and it was through the analysis of style that key structural features were apparent which influenced negotiations and which are essential to any consider-

ation of the stability of the social order and the likelihood of upheaval or change.

Negotiating Style

"Style" is defined as the way the parties to the negotiations characteristically organised themselves and their discourse, their forms of collaboration (or lack of it) and the ways they bargained and negotiated amongst themselves.

As in Chapter 6 the analysis moves from the impressions developed in the period of observation to a content analysis of a block of tape-recorded material in which some of the impressions are checked out.

As the main sub-groups party to any negotiations in the two communities were staff and members/residents, each sub-group will be treated separately in the discussion of characteristic styles of negotiation.

The Staff Groups

Much has already been said about the staff groups' styles of negotiation, and the ways in which they set about organising themselves. Differences have been noted in ideology and priorities, and in the amounts of preplanning and preparation devoted to particular issues.

In Community A there was a minimum of formal organisation introduced into the arenas of negotiation by the staff. Agendas were constructed in an "ad hoc" fashion, agreements and decisions were not recorded, sanctions and contracts with individual members were not written down, nor were the terms stated clearly in advance. A "warding" therefore lasted for an indefinite period (Pauline was still in night clothes 6 months after the research had ended!) until the person concerned

managed to persuade the community that they now had sufficient control and insight not to repeat the behaviour.

It could be very difficult for someone to retrieve their former status because once warded, a person's account of their own feelings and behaviour was considered unreliable and symptomatic of their problems.

The negotiating style of the staff in this community characterized here as predominantly analytic, i.e. probing, questioning, interpretive. Their ideology gave priority to clarifying feelings and the (mainly unconscious) constellations of emotion and attachment from which an individual's behaviour sprang. The community members would thus be helped, via question and interpretation to the attainment of insight, self-knowledge and self-control. Daily interactions and task performance were regarded primarily as material for therapeutic analysis rather than as ends in themselves, or as rehearsals for independent living, as was the case in community B.

From this analytic style had developed a particular form of questioning used by both staff and members which was both leading and yet open, designed to lead the person questionned towards the interpretation of their behaviour which the questionner had in mind. Questions frequently carried the implication that the questionner knew something that the person being questioned did not. Attempts by the person questioned to stop or deflect the questions were treated as "resistance". Not infrequently this was treated as though it were conscious and a rejection of the therapeutic process or as a personal rejection of the people in the group, which in the case of members more experienced in the strategies of analytic technique it may well have been. Some of the more heated negotiations were about the degree of awareness of those who offered resistance; because on this depended their moral

status and the attitudes which would be adopted towards them in the future. It was sometimes preferable therefore to pretend lack of insight and self-awareness, and be treated as sick rather than as delinquent, or rejecting. Among more experienced members and staff a tactical battle could develop. Direct requests to a questionner to say what they had in mind i.e. answering questions with questions was a common strategem. The counter to this might be to play back the request as something the person whose problem was being worked on already knew if he cared to admit it; or as an insight he must work out for himself. In Serial 2 (see Fig.2) Tommy's relationship with Frances was probed in this way, leading ultimately to him throwing a chair at his questioner (Community A Mtg 19). This process of leading someone towards an insight into themselves which may be characteristic of the dyadic analytical partnership is, in a group situation, much more prone to be used in a battle for status. The questionner can pretend to an insight which she/he may not have if they are not challenged. The therapists in Community A acknowledged more than once that they lacked the skills of working in and with groups.

In Community B we have noted that the staff were less concerned with insight, and gave more priority to performance. Great importance was attached to the business-like organization of meetings - taking minutes, ordering agendas, drawing up, signing and publishing contracts with residents so that there should be no ambiguity about their terms. An illustration of the transformation of a behavioural problem into a signed contract about future conduct has already been given in Chapter 6. There was no question in this community of an indefinite loss of status. Contracts were reviewed after a specified period and more

often than not cancelled if the terms had been adhered to. There was rarely any suggestion that anyone should convince the community of their increased insight into their problems.

The same formal approach was applied to the organization and supervision of domestic work and other group activities. The quality of performance was noted by someone appointed to the job - usually but not always a resident - and deficiencies and achievements were fed back to the group for discussion. The same kind of approach was also used among the staff team when allotting and appraising tasks among themselves.

We will characterize the style of the staff in Community B therefore, as predominantly managerial, favouring a liberal, bureaucratic approach to the task of rehabilitation.

The client groups - Community A

The tone of the community meetings in Community A was set by the aggressive, rivallrous stance which the members adopted towards each other, the tendency to concentrate on the problems of one individual for long periods of time, infighting among the more senior members and the absence of any noticeable cohesion among the member group. There were alliances but these were mostly temporary and between two individuals. They were also conducted away from public gaze, with the apparent aim that collaboration should be seen as spontaneous in the meetings. One of the members (Andy) in a revealing metaphor likened the community to a pack of wolves, with a tiger ("Dick") running with them. Certainly Dick's aggressive self-interest was not conducive to harmony among the pack, but there is ample evidence that his aggression was at the very least emulated and returned by others in both more and less, subtle ways, and it was characteristic that the problem should have been related to the influence of one person. Only one of the

members, (long standing members that is), seemed to be able to remain above the struggle, and command the respect of practically everyone. She (Jenny) was however, almost silent in community meetings.

Shortly after he arrived in the community the community doctor A, (who later took up a vacant appointment as therapist) approached the researcher to inform him confidentially that he had made the "psychological/sociological discovery" that the community saw itself as aggressive rather than caring. He said that he had been shocked that the discussion about a prospective member had revolved around whether or not he could "take it" rather than whether or not the community could help him. Some members certainly did have to take it, sometimes meeting after meeting for months on end. Occasionally someone would take stock and realize that the community seemed to have got stuck upon one person's problems. Frances was prompted to complain that she was "filled up with Dominique and food" after the subject had been on the agenda in every meeting for a week, and had been running as a topic of discussion for 2 months. In one meeting Tommy was as usual being singled out for interrogation. It was not until he threw a chair across the room that the others exercised more caution. The questioning was frequently referred to by the questionners as "help", so for those who objected the sin of ingratitude was added to their lack of self-knowledge. Experienced politicians, such as Frances or Dick could by skilled use of strategy (e.g. answering questions with questions, and well-timed counter attack) deflect the focus of attention back on to those who were attempting to delve into their motives; but for the less skilled, or those who had visibly lost status the only option seemed to be to agree with everyone and hope that the meeting would move on. Those "fully warded" were under the further disadvantage of resembling

in their attire the "sick" (and drugged) people in the surrounding wards. Andy once remarked to the researcher "They put me in pyjamas so I am constantly reminded how sick I am."

The extent to which most of the participants in the meetings were unaware of the way individuals were singled out for interrogation, (or perhaps chose to ignore it when it diverted attention from themselves) was illustrated by the communities behaviour in two meetings towards Henry.

Henry was an old age pensioner who returned to the community each week for a day's outing from his home in Hastings. Each week he was asked how he was, and he responded by giving an account of his activities since he had last visited. One week he complained that he felt let down by the local council about a housing allocation and was immediately drawn into a series of questions which carried the implication that he wanted something for nothing, and that he was suffering from lack of realism. Henry clearly resented this insinuation. All he wanted he said was to be allowed to rent accommodation in the borough in which he had lived all his life, and from which he had moved only to nurse his father through his terminal illness. He made it particularly clear that he resented accusations of parasitism from people living on state allowances in their early twenties. The staff member in the meeting (it was an afternoon meeting) did nothing to stop the interrogation and at one point joined in to say that the community had always said that Henry should not have gone down to nurse his father. The meeting ended with Henry saying angrily "thanks for all your help". The following week exactly the same thing started to happen with Dick and Ingrid

leading the way. The matter was finally ended by Andy and Esther who had been showing increasing signs of discomfort. As long as Henry enjoyed coming to the community, said Andy, that was all that mattered. Henry did however sum up the experience in the meeting.

"I have noticed that when I come people seem to speak as though I am the only one who has a problem. No one else gets interrogated. I don't know what happens to other people's problems."

A. by this time a therapist offered an explanation for what he had earlier commented upon, in a staff meeting towards the end of the field-work.

109 "Erm - I think we are reinforcing this very negative pattern of distrust - you know - distrust and aggression, because they have a misunderstanding of the analytical position and thus Dick feels, using H's (the consultant's) words to sort of back himself, saying

" We are all analysts here", H. said it. They misunderstand most of them, it's not the poking and thrusting and really attacking others...

Someone's got to become (the problem) - not me - the other...

I feel it's essentially a battleground - that's how they perceive it. Community A St. Mtg. 2

The client groups - Community B

The quality of co-operation and solidarity among the residents in Community B was in complete contrast to the "battleground" of Community A. As with the staff in both communities, the residents in this community contrived to keep much of their dealings with each other out of the public arenas. A lot of interaction took place "back-stage", in the pub, in people's rooms (there were no separate rooms in Community A) and after the staff had retired to a staff meeting or to bed. There

was however no inhibition upon public alliances, and we have commented frequently on the sustained collaboration in challenging the staff in community meetings. This does not imply that there was no friction among the residents. All the active residents could and did bring considerable aggression to their personal relationships, but this was contained where group interests were at stake.

The researcher tended to think of the group as the "residents union" because it fits with the industrial work discipline metaphors adopted for domestic routines (foreman, work-group), and because it was essentially a working arrangement rather than a set of close personal friendships. Membership was not by any means automatic and there were both active and passive members, (passive in the sense that they offered few opinions and allowed others to speak on their behalf).

Anyone who joined the community under a specially negotiated contract found it very difficult to join the "union". Both Helen and Jane had managed to get official (sanctioned by the staff) exemptions from certain community rules as part of their conditions of coming to the community, and were at first the subject of bitter wrangles between staff and residents. Jane never really recovered from this. Because of her lack of skill in forming alliances with other residents she was never able to gain the necessary status in the group to be tolerated. Helen was a different matter and her career is worth looking at briefly, because it illustrates the importance of the resident sub-culture, and the accommodations which a skilled negotiator could make in the pursuit of self-interest. It also illustrates an important disadvantage which

the staff in this community laboured under, by virtue of their lack of medical qualifications.

Helen was in her late 20's, a teacher by training, and a graduate in psychology and sociology. She had left teaching after a short spell and gone to live on a commune, where she claimed to have picked up a rare debilitating disease, more usually associated with farm animals. A long period of recuperation was followed by a nervous breakdown and she went to a hospital-based therapeutic community (not Community A) where she received individual and group therapy. By her own account she felt very settled at the other community, and was adept in the analytic framework, though finding the submission to medical authority irksome. The move to Community B was not at her suggestion and she resented what she regarded as being thrown out by the hospital.

From the beginning of her stay she tried to set her own terms by claiming that her illness had left her too debilitated to join in with the work routines. She was allocated a limited programme of work in the teeth of considerable opposition from herself who felt she should do nothing, and from the other residents who didn't see why she should get away with any thing. The staff were caught in the middle and as they were not doctors, they felt they had no special expertise to decide whether she was ill or skiving. A gentle suggestion from the warden that she might be able to do more if she wanted to during "counselling" produced a tearful outburst and a demand to change counsellors. This was resisted but recurred later in a form which helped to alter Helen's status with the other residents. Meanwhile the residents gave her to understand quite directly that they felt she could perform the limited tasks of the work group without much difficulty if she wanted to.

The inevitable outcome was the negotiation of a contract, and from that point the dispute moved into a legalistic framework. A limited number of work groups were agreed, but as the coffee groups were not in the contract Helen did not attend them. Coffee groups were later included, but as it was not stipulated that she should attend the coffee groups following the workgroups she had done, she attended them on different days. This ensured that her own performance was never assessed. In a short while Helen's physical condition receded from view and the matter became almost totally a matter of formulating and policing the contract. Simultaneously however Helen's position with the residents improved. Her skill and sensitivity in groups came to be admired by some of the residents, who began to find her quite attractive. More importantly they began to see in her a kindred spirit who, in her own way, was bucking the system and was possessed of virtues like caring and warmth which the residents complained that the system lacked. Her repeated and articulate criticism of the warden as her counsellor also helped, and she gradually became a catalyst and a spokesperson in the evolving antagonism towards the staff. Therefore although the residents never allowed her to flout the rule that people should not draw attention to themselves by their inactivity in work groups, as long as she was tactful in her avoidance of work no one made much of a fuss after a month or two. By the end of the fieldwork even those residents who were most hostile towards her (notably William and Amy) were prepared to accept her. For instance, most residents knew that on the days when she was supposed to be returning to hospital for therapy, she was not in fact doing so, but no one blew the whistle.

Membership of the "residents union" was evident in daily routines by an alliance between the foreperson (or whoever was designated in

charge of a particular project) and the rest of the group. As long as the domestic work was done, and people appeared to be busy the foreperson would usually turn a blind eye to people disappearing for coffee or whatever for a few minutes, and only the most flagrant abuses caused comment in the "feedback". The operation of Parkinson's law was demonstrated by the fact that after the Christmas party the house was cleaned adequately in half the usual time by less than the usual number of people.

Even non-members (e.g. Mary and Jane) received support when it was felt they were being treated unfairly, particularly by the staff. This can be seen demonstrated in the extract from Community B Meeting 3 in the previous chapter.

There also appeared to be a tacit understanding among residents about the non-payment of rent. Despite the fact that rent arrears were read out by a resident, it was noticeable that not once did any resident express anything other than sympathy or amusement at another resident's debts.

Room checkswere also a source of resident discontent. Penny's demand that the residents should inspect staff rooms prompted the warden into writing the paper presented to the staff learning meeting about "function and value". (see Appendix B) In foreperson's feedback Helen voiced her discontent with the task, and declared in only a slightly oblique way, the attitude that all the forepersons adopted.

Helen. OK room check. I must say I absolutely object to doing room
137 check. I think it's most intrusive on people's privacy...and any way, everybodies rooms fine...(laughter from other residents)

Community 8 Mtg. 10

Summary

We have suggested in this section of this chapter that the styles of negotiation of the staff and client groups in the two communities were characteristically different in the ways in which they organized themselves and in the forms and focus of their negotiating priorities.

Staff

Community A Analytic - concerned primarily with the analysis and interpretation of the psychological bases of individual's behaviour. Low priority given to task performance and monitoring of performance and attainment of objectives (by residents or staff). Very little formal bureaucracy, within the community, little systematic record-keeping.

Community B Managerial - Priority given to the organization and monitoring of task performance. Agreements formulated in a legalistic, bureaucratic framework.

Clients

Community A "Battleground" - Very little organization and cohesion among the members. A great deal of mutual antagonism and rivalry and the frequent use of strategems with which one member would deflect therapeutic attention from him/her self to others.

Community B "The Residents Union" - A comparatively high level of co-operation and solidarity among the residents, mostly in opposition to the staff. Strong informal organization among the resident group, many interactions and some meetings conducted "backstage".

Negotiating Styles - A content analysis of the recorded material

In this section the content analysis of the tape-recorded material will be expanded. Although the sample is

small, if our impressionistic account is substantially true - if there are characteristic differences in style between the two communities, then this should appear in a complete record of community and staff meetings over a two week period. We have suggested differences between the communities which relate to the form and quality of the interaction. We have described Community A as more analytic i.e. probing and interpretive than Community B; and have also noted our impression that there was less co-operation and more antagonism within the client group of Community A. The question was used both as a tool of analysis and as a device for gaining ascendancy over others and avoiding undesired attention. In terms of the quality of the interaction between participants in the negotiating arenas, we formed an impression that there was more mutual support among the residents in Community B and less challenge.

We are therefore in a position to formulate a number of propositions which, if true, would tend to support our impression of the characteristic styles of negotiation at the time of the fieldwork. We should expect:

1) that those members of Community A who are the leaders, possessing high status in the group, would ask relatively more questions than their counterparts in Community B.
2) that those members of Community A who have been identified as having "problems" and are of low status, would answer relatively more questions than their counterparts in Community B.
3) That in Community A those who are of high status would, when they are the focus of attention, answer less questions than those of low status when they are the focus of attention - but that in Community B we should expect the difference between those of high status and those of low status to be less marked in this respect, i.e. in all probability someone who is the

focus of attention will answer more questions than they ask in both communities. If our impression about the differences between the two communities is true then those who are low status in Community B will not be questionned much more intensively than those who are high status, when each is the focus of the meeting.

From this part of the analysis we should have a guide to the extent to which questions and questioning technique is related to the achievement of status. We would, if our propositions are correct, have some confirmation that the probing interpretive analytic mode with its particular forms of questioning technique is characterically associated more with Community A than Community B, and that use of these techniques is more closely related to status achieved within the community.

The analytic framework - Definition and Problems

1) Status and Active Participation in Meetings.

We will use the dictionary definition of status as "position or standing in society" (Shorter O.E.D.). We have avoided defining in advance the value dimensions associated with status in the communities because we regard this as problematic. Status clearly has legal and moral dimensions. Someone who is "warded" in Community A has within the legal framework of the community lost status, but they still could in theory have a high social standing. The same would apply to residents on a contract in Community B. We are at the moment therefore not so much concerned with the legal status of community members and residents, but with their social standing.

Before we can begin our analysis we need to establish two things

---- The status of those involved in the meetings;

---- Whether or not those who are active in meetings generally have a higher social standing than those who are not.

The reason for this last question is that we have on the whole made the assumption until now, that what happens in community meetings is important in questions relating to social order. If we base our impressions of the style of the communities on the meetings, we may be misled into thinking that those who speak in meetings are those who count in the community when in fact they are comparative lightweights.

It was clearly the researchers impression that in the communities he studied this was not the case, but this required some verification. It was also the researcher's impression that the staff who were most active in community meetings were the most senior in the formal authority structure. We are in both cases referring to status within a peer group - no attempt was made to compare the status of staff and clients within the whole community.

Table 7 - Status within the client groups

This was established using the staff and the researcher as observers, after the period of recording was over. The staff were simply asked to write H, M, or L, against each client, according to how they saw that person's standing in the group at the time of recording. The researcher also did the same exercise but at no point showed his list to the staff. The exercise was done quickly and questions about the precise definition of social standing were not allowed until after the lists had been handed in. It was felt that if the staff were allowed to rationalize what they had put down, they might well become involved with their own value judgements, and lose their focus on the clients. The client group itself was not used because a few quick trials revealed

that only those who the researcher guessed to be of high status could apparently understand what they were supposed to do, and they found it almost impossible to assess or at least admit to how they rated their own status.

Some of the staff of their own accord put composite ratings - H/M against some clients and when the totals were added together such ratings were added to whichever category the individual had been rated in most frequently. Therefore the final staff lists show an individual as H, M or L, according to the rating given them by most staff. Where they received say 4 H's and 4 M's they are represented as M/H. Table 1 shows the results. NB. None of the lists differed dramatically - no-one for instance was given both H and L ratings.

Discussion

In Table 7 the rank order correlation between columns 1 & 2 using Spearman's Rho (Seigal 1956) is 0.97 for Community A and 0.94 for Community B. This indicates that the staff of the communities and the researcher saw the client groups similarly in terms of their internal status orders. Comparing Column 1 with Column 3 on the other hand gives a correlation of 0.12 for Community A and 0.24 for Community B. This indicates that status in the client groups was more than just a matter of seniority (length of stay) although in both communities the longest standing member had a high social standing.

N.B. In the calculation of all future correlations between rank orders of status and other variables the rank order in Column 1 Table 7 will be used as the correct statement of status order in each community.

Table 7

Community A

Staff List	Researcher's List	Seniority - according to Time in community
1 = Frances-H	1 = Frances-H	1 = Frances
1 = Jenny-H	1 = Jenny-H	2 = Jenny
1 = Esther-H	1 = Esther-H	3 = Dennis
1 = Dick-H	1 = Dick-H	4 = Ginny
1 = Andy-H	1 = Andy-H	4 = Andy
6 = Ginny-H/M	6 = Ginny-M	6 = Bob
7 = Patsy-M	6 = Patsy-M	7 = Dominique
8 = Dominique-M/L	6 = Rob-M	8 = Rob
8 = Rob-M/L	9 = Dominique-L	9 = Patsy
10 = Bob-L	9 = Bob-L	10 = Tommy
10 = Dennis-L	9 = Dennis-L	11 = Esther
10 = Pauline-L	9 = Pauline-L	12 = Dick
10 = Tommy-L	9= Tommy-L	13 = Pauline

NB. Jim and Shaun not included, because they arrived during, or just before recording

Community B

1 ==Amy-H	1 = Amy-H	1 = Amy
1 = Penny-H	1 = Penny-H	2 = Mary
1 = Kate-H	1 = Helen-H	3 = Helen
4 = Helen-H/M	4 = Kate-M	4 - Christine
4 = William-H/M	4 = William-M	5 = Kate
6 = Roy-M	4 = Roy-M	6 = William
6 = Christine-M	7 = Alice-M/L	7 = Roy
8 = Alice-M/L	8 = Christine-L	8 = Penny
9 = Mary-L	8 = Mary-L	9 = Alice
9 = Jane-L	8 = Jane-L	10 = Jane

Status in relation to Activity in Community Meetings

The method of determining this relationship was very straightforward. A count was made of the total number of interventions (i.e. from where a person starts speaking to where they stop and another person starts) each participant made in each community meeting, or equivalent group, during the recording period. The results were made into league tables as in Table 2 showing, a) the average number of interventions per meeting; b) the average position in the league table for each meeting. (This was to check against a person who might say a very great deal in one or two meetings and nothing in others); c) the average position in the league table for each full community meeting - i.e. when the therapists were present in Community A, and the evening meetings in Community B.

The full results are reproduced in Tables 8 and 9.

The correlation between the rank order according to status (Table 7 Column 1) in Community A and the rank orders according to numbers of interventions (Columns 2 & 3 Table 8) are 0.65 and 0.64 respectively. In Community B the same correlations (Columns 2 & 3 Table 9) are 0.83 and 0.84 respectively.

The difference between the communities is in part accounted for by the fact that in Community A Jenny is agreed to be of a high social standing but says very little in the meetings. This would suggest that what is said in community meetings alone, does not determine status and that possibly respect was accorded to Jenny as much for what she did not say as for what she said. We have already noted that she alone remained outside the infighting in the member group. Also in Community A it will be noted that the two members who were most involved in being

Table 8 Participation in Community Meetings - Community A

	Ave. no. interventions per meeting	Ave. positions in league Table for each meeting	Ave. position in league Table for full community meetings
1	Dick (20)	Esther (3.3)	Frances (2.6)
2	Esther (15.6)	Frances (3.8)	Esther (3.6)
3	Frances (15)	Dick (4.0)	Andy (3.6)
4	Andy (13.5)	Andy (4.4)	Dick (4)
5	Pauline (13.3)	Ginny (5.5)	Pauline (5)
6	Tommy (9)	Patsy (5.6)	Tommy (5.3)
7	Ginny (8)	Pauline (6)	Ginny (5.5)
8	Patsy (7.5)	Tommy (6.6)	Dennis (7.4)
9	Dominique (7.1)	Dominique (6.8)	Rob (7.5)
10	Rob (6.8)	Rob (6.8)	Bob (7.5)
11	Dennis (2.6)	(Jim 7.6)	(Jim 7.5)
12	(Jim 2.5)	Dennis (7.8)	Patsy (7.7)
13	Bob (2.1)	Bob (8.2)	Dominique (8.2)
14	Jenny (1.8)	Jenny (8.3)	Jenny (8.2)
15	(Shaun 1.7)	(Shaun 8.3)	(Shaun 9.5)
Staff (using only meetings when all staff were present)			
1	H.(consultant) - 21.25		H.(1)
2	J.(therapist) - 14		J.(2.3)
3	Hn.(charge nurse) - 12.6		Hn.(2.4)
4	A.(therapist) - 6.6		A.(3.7)
5	C.(charge nurse) - 5.25		Je.(4.8)
6	P.(occupational therapist) - 5		C.(5)
7	Je(staff nurst) - 3		R.(5.25)
8	R.(social worker) - 2.25		NB. Je had to read the staff record books. This increased his score but indicated a lower rather than a higher status role.

Table 9 Participation in community meetings - Community B

	Ave. no. interventions per meeting	Ave. position in rank order for each meeting	Ave. position in rank order for community meetings
1	William (44)	William (1.6)	Kate (2)
2	Amy (39.8)	Amy (2.2)	Amy (2)
3	Helen (31.7)	Kate (2.4)	William (4)
4	Kate (28.4)	Helen (3.4)	Helen (4)
5	Penny (21.2)	Penny (3.4)	Roy (4.5)
6	Alice (11.9)	Alice (5.4)	Penny (5)
7	Roy (9.7)	Roy (5.4)	Alice (7.5)
8	Christine (7.8)	Christine (5.4)	Christine (8)
9	Mary (3.7)	Mary (6.8)	Mary (8)
10			+ Jane (8). Roy was chair-person for 1 week. + Jane was present for 1 week only.
Staff (using full community meetings only)			
	R. (warden) - 47		As in column 1
	*M. (deputy) - 26		
	S. (volunteer) - 24		
	T. (trainee) - 8.5		
	I. (student) - 6		
	B. (basic grade staff member)		
	Br. (volunteer) - 2.5		
	Rl. (volunteer) - 0.5		

* M. present in only one meeting

analysed - Pauline and Tommy - were of low status but said quite a lot. In their cases the obvious reason is that they were drawn in to the meetings to discuss their problems.

In Community B the most active resident in meetings was William, who was rather in the middle rank in the status orders, suggesting perhaps that as in Community A activity or silence were not causal in relation to status, and that therefore other values operated - such as not making life unpleasant for other members, when social standing was assessed. Both William and Dick were viewed ambivalently by their peers and we shall suggest later that personal characteristics of individual actors may be the catalyst for events which destabilize social orders.

The patterns of activity among the staff in each community are interesting in that while confirming the impression that the more senior staff say most there are variations between the communities which suggest that the internal organization of the staff team is reflected in the community meetings. In Table 8 the staff in Community A participate in community meetings according to their seniority in the formal heirarchy and in their professional groups. Thus the therapists are in order of seniority, and as a group say more than the nurses who are also in order of seniority. But the most senior nurse says more than the most junior therapist. In Community B the situation is less clear cut except that the warden says most. (The sample for Community B is very small - there were only 2 meetings where the staff were all present). None the less, it is interesting to note that in an earlier meeting, before the deputy's departure, both the deputy and another senior member of staff (who left before the main period of recording) said more than the warden. This may be an indication of the power struggle known to be going on at the time between the warden and the deputy.

In conclusion - there does seem to be a link between status among the client groups and active participation in community meetings, and it also appears that this cannot be attributed solely to length of experience. The extent to which individuals in Community A became the focus of attention as problems is demonstrated by the fact that the low status members (Tommy and Pauline) who were problems at the time were drawn to participate extensively in meetings, whereas the "problem residents" or Community B said comparatively little.

The staff heirarchy was also apparent in the extent to which staff participated in community meetings. It has been noted that this is less clear cut in Community B, a fact which may indicate either that the staff team was less heirarchical and/or that the staff team was divided and known to be engaged in an internal power struggle. It should be stressed that there is no suggestion that the relationship between status and activity in the community meeting is causal in either direction. All that is suggested is that those who are most active in community meetings are also mostly of high status among their own sub group, and that therefore community meetings <u>are</u> a guide to the thoughts and attitudes of those who might be expected to be influential.

<u>Negotiating Styles</u> - a) The use of questions in the recorded material. For this part of the content analysis we have taken a sample of the recorded material from both communities which represented the central preoccupations of each community at the time of the recording. We have used therefore those episodes which we have described as linked into "major serials and series" (see Chapter 6).

The major serials etc represented a large part of the data in each community - (40% in Community A, 54% in Community B measured by the time devoted to them) and were also those parts of meetings where

issues were most in dispute, and where therefore most negotiation took place.

The propositions listed above (p.274) relate to the frequency with which questions are asked by those of high status in their respective groups in each community, and also to the patterns of question and answer involving those who become defined as problems. The task of the analysis therefore is to distinguish between questions and other forms of address here categorized as responses and statements. These will be the "recording units", (see Appendix A for description of methodology.)

Table 10 shows a summary of the proportion of questions to statements and responses, for each member of the client group in both communities. Table 11 gives the same information for the staff groups. The order is again drawn up in the form of a rank order. The total number of interventions by one person being broken down by percentage between the three categories of recording unit. e.g. Jenny asked most questions in Community A - 79% of her interventions were questions. She answered no questions and made less statements than anyone else - 21% of her interventions.

Discussion Patterns of Question and Response Table 10

In Community A three of the four high status members who are active in meetings ask a higher percentage of questions relative to the number they answer. The exception is Frances but even she asks a higher percentage of questions relative to her total number of interventions than the most questioning high status resident in Community B (William). As a percentage of their total number of interventions the high status residents in Community B ask less than half the number of questions asked by their counterparts in Community A.

Table 10 Use of Questions etc. in Major Serials & Series

Community A Members

	Questions	Responses	Statements
1	*Jenny (78.9%)	1 *Jenny (0%)	1 Patsy (62.5%)
2	*Rob (61.9%)	2 Ginny (12.7%)	2 Dominique (49.4%)
3	Ginny (49.3%)	3 *Rob (14.3%)	3 Dick (42.9%)
4	Esther (44.3%)	4 Esther (15.2%)	4 Frances (42.5%)
5	Dick (40.3%)	5 Dick (16.4%)	5 Esther (41.8%)
6	Andy (36.9%)	6 Andy (21.6%)	6 Andy (41.5%)
7	Frances (29.6%)	7 Patsy (25%)	7 Ginny (39.4%)
8	Dominique (24.3%)	8 Dominique (34.7%)	8 Tommy (38.5%)
9	Patsy (12.5%)	9 Frances (36.7%)	9 *Rob (23.8%)
10	Tommy (9.2%)	10 Tommy (52.3%)	10 Pauline (23.3%)
11	Pauline (5.3%)	11 Pauline (71.4%)	11 Jenny (21.1%)

* Less than 40 interventions total. Dennis, Bob and Shaun too few to count

Total length of sample Community A - 376mins 38secs

Community B Members

1	*Christine (36.9%)	1 Kate (8.7%)	1 Amy (74.3%)
2	William (24.4%)	2 Amy (10.9%)	2 Penny (71.4%)
3	Kate (20.3%)	3 William (12.9%)	3 Kate (71%)
4	Helen (15.4%)	4 Helen (13.8%)	4 Helen (70.8%)
5	Amy (14.9%)	5 Penny (18.6%)	5 William (62.7%)
6	Roy (12.1%)	6 Alice (33.3%)	6 Alice (59%)
7	Penny (10%)	7 Roy (33.3%)	7 Roy (54.5%)
8	Mary (9.1%)	8 *Christine (36.9%)	8 Mary (45.5%)
9	Alice (7.7%)	9 Mary (45.5%)	9 *Christine (26.3%)
10	*Jane (0%)	10 *Jane (75%)	10 *Jane (25%)

* Less than 20 interventions total

Total length of sample Community B - 233mins 57secs

Table 11 Use of Questions etc in Major Serials and Series

Community A Staff

	Questions	Responses	Statements
1	*R.(social worker) 100%	Je.23.1%	A.63.6%
2	Hn.(charge nurse) 64.4%	C.11.4%	*P.62.5%
3	J.(therapist) 62.7%	Hn.10.2%	C.38.6%
4	H.(consultant) 59.6%	H.6.2%	H.38.5%
5	C.(charge nurse) 50%	A.4.5%	He.30.8%
6	Je.(staff nurse) 46.2%	J.3.9%	J.29.4%
7	*P.(O.T.) 37.5%	*P. 0%	Hn.20.4%
8	A.(therapist) 31.8%	*R. 0%	R. 0%

* Less than 10 interventions total

Community B Staff

1	*R1.(volunteer) 50%	*R1.25%	*E.100%
2	Br.(volunteer) 43.4%	I.18.7%	*B.75%
3	T.(trainee) 41.8%	S.17.1%	I.71.9%
4	*M.(deputy) 33.3%	*B.12.5%	*M.66.7%
5	R.(warden) 31.6%	T.9%	R.59.5%
6	S.(volunteer) 29.3%	R.8.9%	S.53.7% Br.49.1%
7	*B.(staff member) 12.5%	Br.7.5%	T.49.1%
8	I.(student) 9.4%	*M. 0%	*R1.25%
9	*E.(student) 0%	*E. 0%	

* Less than 10 interventions total

The proposition (proposition 1) that the high status members in Community A ask proportionately more questions than their counterparts in Community B is confirmed. The high status residents in Community B answer fewer questions than those in Community A and also make more statements. All of which tends to confirm that questioning is less important in Community B. We should also note that the less active and newer members of Community A rely heavily on questions, which could suggest that questioning is the most obvious strategy to use to establish membership and deflect undesired attention.

Our 2nd proposition that those who are of low status and identified as problems in Community A (Pauline and Tommy) would <u>answer</u> more questions than their counterparts in Community B (Mary and Jane) is confirmed numerically because those in Community B say much less and have fewer remarks addressed to them. However in terms of the <u>propor-tion</u> of responses to statements and questions the results are much the same for both communities. Thus the prediction is not confirmed, i.e. those in Community B get the same treatment but much less of it.

In respect of the more general proposition that the proportion of questions and responses is related to the achievement of status this is not confirmed because the rank order correlations between achieved status (Table 7 Column 1) and rank orders of question and response (Table 10) are mostly very low (0.3,0.33 Community A, 0.47 Community B). The surprise was that there was a very high correlation (0.87) between achieved status and low percentage of responses in Community B. It would seem therefore that proportions of question and response are a better guide to status in Community B than in Community A. This can be accounted for by the fact that those <u>seeking</u> status in Community A also asked questions rather than answered them when they had the opportunity.

Table 11 - Staff

The results for the staff are based on fairly small samples, because of the absence of some staff from quite a few episodes. In so far as they indicate anything they give slight weight to the idea that questioning is more characteristic of the negotiations in Community A than Community B. Staff on the whole tended to ask more questions in Community A, especially the more senior and experienced members, who as we have seen say relatively more than the others. An interesting exception is the new therapist A. who as we have already noted was worried about the use of analytic questioning in the meetings. Most of his interventions (and incidentally those of his wife the O.T.) were in the form of statements. These however could be quite interpretive within the analytic framework. Staff in both communities answer very few questions.

Table 12

Table 12 shows an analysis of questions and responses by particular individuals in major serials where that individual became the focus of attention. The data for Community B is based on a very small sample because individuals were not the focus of attention for long periods. The data for the period when Amy became the subject of the discussion is a part (19 mins) of Serial A Community B. The episodes concerning Mary in Table 12 were not linked into a serial because they referred to separate rule-breaking episodes in which she was involved. This may be called a sequence, and although very weak as evidence, it is included to give a little more information about how Community B dealt with individuals who broke rules. The rules which Mary broke were a) entering other residents rooms and taking cigarettes without permission - Comm. B Mtg. 2 episode 18 (9mins 40secs).

b) Not attending work group after the Christmas party - Comm. B Mtg. 12 episode 9 (1min 13secs). These two episodes represented all the discussion there was about these misdemeanors in meetings.

Table 12 - Discussion

In respect of proposition 3 (p.274)that those who are of high status answer less questions when they are the focus of attention than those of low status, this is true in strictly numerical terms. Both Tommy and Pauline (low status) in Community A answer many more questions than the high status members, because they are questioned at greater length and more intensively but in terms of the proportions of responses to questions and statements the evidence is inconclusive. Tommy answers about the same proportion of questions as Frances and Andy. It is noticeable however that Pauline and Tommy ask fewer questions than the others. This gives further slight weight to the suggestion that the question is used strategically by those who are able to retain the initiative even when they are defending a position against hostile questions from others.

In Community B the sample is too small to be very illuminating, though it is interesting that both Amy and Mary give a smaller proportion of answers than all except Dick, in Community A. Jane however gives the same proportion of answers as Pauline in Community A. The proposition there - that the difference between high and low status individuals would be less marked in Community B, is not testable within this limited sample.

The difficulty of obtaining a sample of episodes from the recordings in Community B where individuals were the focus of attention for long periods, is in itself the most telling indication that individual

Table 12 Use of questions etc by selected individuals when the focus of attention

	Questions	Responses	Statements	Total number of interventions
Community A				
Serial 1				
	Pauline 2.7%	73.8%	23.5%	183
Serial 2				
	Tommy 9.3%	52.3%	38.4%	172
Serial 3				
	Andy 17.5%	52.6%	29.8%	57
Serial 4				
	Dick 17.4%	31.9%	50.7%	69
Serial 5				
	Frances 12.2%	59.2%	28.6%	49
Community B				
Serial 1 (part)				
	Amy 0%	31.6%	68.4%	19
Serial 3				
	Jane 0%	75.0%	25.0%	8
Sequence				
	Mary 11.1%	38.9%	50.0%	18

(2 episodes - total time involved 10mins 53secs)

problems were given much less priority in Community B. It is hard to resist suggesting that Jenny and Mary's misdemeanors would have been debated at much greater length had they been members of Community A.

Negotiating Styles - b) The quality of the interaction, supports and challenges.

Consideration will now be given to the quality of the interaction in the two communities as it is represented in the recorded material. The same sample of data as in the last section will be used (i.e. the major serials) but rather than looking just at the use of grammatical devices as a means of attaining ascendancy and status, we shall now look at the quality of the interaction. Our impression was that not only did conflict tend to become defined in terms of individual "problems" in Community A to a greater extent than in Community B, giving greater prominance to question/answer as a form of discourse; but that the type of questioning used in Community A was much more severe and critical than that in Community B. The negotiating style of the members in Community A was described as a kind of warfare in which members tended to compete with each other rather than co-operating in a common cause.

If our impression of the two communities is correct therefore, then the interaction in Community A will show signs of being less supporting and more challenging than the interaction in Community B. In order to get information about this from our content analysis we shall use as a basis the work of Labov and Fanshell (1977). Their analysis of therapeutic discourse is much more intensive than we require for our purposes but their understanding of the interactive significance of certain kinds of intervention in terms of the relative status of those engaged in discourse is very close to the kind of

analysis we have been suggesting for community meetings. The detail of the methodology appears in Part 3 of Appendix A. In essence the method is to count the number of interventions made by each individual which challenge i.e. lower the status of another person and the number of interventions which support another person. Similarly, the number of challenges and supports received are counted. Tables 13 and 14 are not rank orders.

Discussion

The full results appear in Tables 13 and 14. Table 15 is a summary and focusses attention on those clients (one high status and one low status in each community) who were challenged most frequently in the sample of recorded data.

Even allowing for the crudity of this approach to content analysis (see Appendix A for discussion of tests of inter-rater reliability) the results are a striking confirmation of our impression that the quality of interaction is more supportive in Community B than in Community A both among clients and staff. It is not true however that those in Community B were less challenging in respect of the number of challenges issued. Allowing for the greater size of the sample in Community A (6 hours 16 mins as against 3 hours 53mins) the rate of challenges is 27 per hour for Community A and 28 per hour for Community B. The difference lies in the number of supportive interventions which are largely absent among the client group in Community A, and almost wholly absent among the staff in that community. It is interesting to note that it was Andy who was perhaps most critical of the attitudes of his fellow members, who was the most generous with supportive interventions in Community A. In the sample analysed from Community A the only

Table 13 Supports and Challenges - Client Groups

Community A

	Supports Offered	Challenges Issued	Ratio S/C	Supports Received	Challenges Received	Ratio S/C
Andy	8	13	(1:1.6)	5	13	(1:2.6)
Dick	5	53	(1:10.5)	5	28	(1:5.6)
Dominique	1	8	(1:8)	2	19	(1:9.5)
Esther	3	14	(1:4.6)	0	6	
Frances	2	35	(1:17.5)	3	24	(1:8)
Ginny	0	18		0	3	
Jenny	0	2		0	0	
Patsy	1	6	(1:6)	0	3	
Pauline	0	1		2	27	(1:13.5)
Rob	1	0		0	0	
Tommy	0	19		7	65	(1:9.3)
Totals	21	169	(1:8)	24	188	(1:8)

* Nil scores for Bob, Shaun and Jim

Community B

Amy	23	15	(1.6:1)	18	5	(3.6:1)
Alice	1	0		5	0	
Christine	3	4	(1:1.2)	10	3	(3.3:1)
Helen	18	18	(1:1)	9	7	(1.3:1)
Jane	0	0		5	0	
Kate	3	11	(1:3.6)	6	1	(6:1)
Mary	0	4		15	38	(1:2.5)
Penny	9	15	(1:1.6)	12	1	(12:1)
Roy	1	1	(1:1)	7	0	
William	34	14	(2.4:1)	10	31	(1:3)
Totals	92	92	(1:1)	97	86	(1:1:1)

* Nil scores for Peter who attended only one meeting

Table 14 Supports and Challenges - Staff - Community A

	A		B		C	D	
Supports Offered			Challenges Issued	Ratio A/B	Supports Received	Challenges Received	Ratio C/D
A.(ther.)	1	1	7		0	4	
C.(ch.n.)	1	1	11		0	1	
H.(cons.)	0	0	8		0	0	
Hn.(ch.n.)	0	0	17		0	0	
Je.(st.n.)	0	0	3		0	2	
J.(ther.)	1	1	6	(1:6)	0	0	
P.(O.T.)	2	2	0		0	0	
R.(s.w.)	0	0	0		0	0	
Totals	5	5	52	(1:5)	0	7	
Community B							
B.(s.m.)		0	2		0	0	
Br.(vol)		3	0		2	1	
E.(st.)		0	0		2	0	
I.(st.)		0	3		2	3	(1:1.3)
M.(dep)		0	0		3	0	
Rl.(vol)		0	0		3	0	
R.(Ward)		2	1		1	2	
S.(vol)		1	2		1	1	
T.(tr.)		1	4	(1:4)	1	4	(1:4)
Totals		7	15	(1:2)	12	11	(1:4)

Table 15 summary of Analysis of Supports and Challenges

a) Ratio of total no. of Supports to Challenges in both communities

	Community A	Community B
Clients	1:8	1:1
Staff	1:10	1:2

b) Ratio of Supports Received to Challenges Received by Clients who were most frequently challenged

Community A		Community B	
Dick	1:6	William	1:3
Pauline	1:13	Mary	1:2

(short-lived) alliances between members were between Dick and Andy, and between Frances and Esther. At other times however there were brief alliances between Andy and Esther, and clashes between Frances and Esther. The most consistent antagonisms were between Dick and Frances and Tommy and Frances. The only point on which Dick and Frances agreed was in their distaste for Tommy.

In Community B there was no absence of challenge between the residents or from the staff, but challenges were more frequently balanced with support. Elsewhere a strong sense of fair play has been noted, as has been seen on the occasions when Amy and Helen stepped in to assist Mary when they thought that she was getting more blame than was just over David's departure. Nor is it true that the high status group in Community B were united among themselves all the time. There were at times considerable divisions in the group (between Polly and William) and rivalry (between Helen and Amy). At other times the residents were strongly critical of William's attitudes towards other people - including staff members and the warden. They did however as we have already noted, manage to deal with their differences while maintaining a united and coherent articulation of their grievances against the staff.

Summary of the content analysis

There is from the content analysis evidence to suggest that the negotiating styles of the main groups in the two communities contrasted in the following respects:

1) the questioning of individuals was more intensive in Community A than in Community B,

2) the use of the question as a means of keeping or gaining status was much more characteristic of Community A than of Community B,

3) negotiation in Community B were characterized by a much greater degree of mutual support among the residents of that community than the negotiations in Community A.

We may say therefore that the impressionistic account in the first sesction of this chapter has received some confirmation from the content analysis. The style of negotiating in Community B is less analytic and probing as regards individual motivation, as reflected in the differential use of questions, and more supportive to individuals than in Community A.

How is it to be accounted for? On one level it is possible to point to the evident lack of skill in group work and in the understanding of group dynamics by the staff in Community A. A practitioner might conclude that more training is the answer, though it should be said that there is evidence also that dissenting voices were not welcomed or even heard within the staff group. The staff group had had an outside consultant for 2 years prior to the fieldwork who by his own account had been able to achieve very little. The researcher's own experience also indicated that new insights were not easily heard.

The staff group in Community B were also fairly weak in group work skills and in the understanding of group dynamics, despite in-service training offered by the parent organization and the consultancy of the supervisor. The abrupt departure of the deputy and the eventual departure of the Warden indicate that here too there were factors operating which were not ammenable solely to psycho-dynamic interpretation.

It is the view of the writer that whatever the choices and skills of the actors, the form and style of the negotiations and the emotional

climate of the communities, were in part at least determined by forces which for that time must be described as structural.

In the next chapter the practical ideology (the ideology translated into practise) of the two communities will be considered in relation to the social structures in which the communities operated and which shaped their social organization and their discourse. The focus in other words will be on the sociological rather than the psychological factors which determine how well or badly a leadership operates to maintain and adapt a social order to meet internal dissent and external threat.

CHAPTER 9

THE STRUCTURAL BACKGROUND TO NEGOTIATION

THE STRUCTURAL BACKGROUND TO NEGOTIATION

In the previous chapters it has been noted that, despite the amount of negotiation in both communities, the social order in a formal sense remained virtually unchanged over the period of the field work and beyond in terms of the goals, rules, role relationships, authority structure, the basic allocation and distribution of resources and the division of labour. We have argued that this is in large measure contingent upon the organisation of the staff group in mobilizing collective resources to constrain and bias the outcome of negotiations.

It has also been noted that the form and style of the negotiations in the two communities were quite different, both in the ideological bias of the discourse and in the way the discussion was structured.

From these observed phenomena, it may be hypothesized that structural forms and influences were acting to limit the actors' perceptions of what was possible, thereby making negotiation about questions relating to the social order ineffectual and limiting social change or adaptation.

In this chapter, therefore, we shall examine the "bias" of the organization and its institutional setting - the "structural background" in Strauss' terms. In the last chapter we indicated that the forms of staff organization were in some ways similar in both communities, but that in one (Community B) a power struggle between two of the senior members of staff reduced the team's effectiveness. We shall argue in this chapter that there were similarities and differences in the structural process of the communities, and we shall consider the extent

to which the differences between the communities in the range, productivity and style of negotiations may be considered to be the consequence of structural factors.

Structure, it will be recalled from the earlier discussion of Gerson (1976) in Chapter 3 refers to relatively stable social forms which at a given time are "taken-for-granted" factors in the social actor's world.

Luke's view of social life was accepted when he referred to a dialectic of power and structure, a web of possibilities for agents which expand and contract over time. The structural features of the communities to which this chapter refers therefore are variable in their stability and endurance. What they have in common is that they are or have been taken for granted in the practical ideologies of the communities.

Social Structure and Social Welfare

There were structural features which the communities had in common, as a result of being therapeutic communities and a part of the nation's welfare arrangements for the "mentally ill".

The clients in both communities had, voluntarily or involuntarily moved into a career of dependence on social welfare agencies. Their route into the welfare network had been in most cases via the medical profession by whom they had been diagnosed "ill" or emotionally disturbed, but occasionally also by the police and courts as delinquent or dangerous. The negative "labelling" and stigmatizing effects of such a career are discussed in the work of Goffman, Scheff and others,

traditionally associated with "labelling theory". Labelling theory (if the many strands of thinking associated with it can all be subsumed under one heading)has been criticized from many sociological standpoints but its impact upon welfare agencies has in the view of Sharp (1978) been to produce a reaction to the conditions in which Goffman made his original observations:

> Both the conditions and philosophies of treatment have changed since the depiction of the total institution, especially in regard to the voluntary and acute mental patient. The liberal humanistic reaction to earlier forms of care, erecting slogans of patient participation and democracy, and ideas of patient involvement in care has filtered through to a greater or lesser extent to many hospitals.

Sharp goes on to say that in view of such trends - "a more active and positive deviant actor may emerge, given the greater fluidity of definition and bargaining possibility".

The therapeutic community was designed specifically to provide the opportunity for active bargaining and to move away from the traditional "pyramid of professional authority". In such a therapeutic community those labelled as deviant for whatever reason are, according to the ideology, given the opportunity to escape from the negative consequences of the label and to find rehabilitation by their own efforts.

Nonetheless, in both the communities studied, the client group is unrepresentative of that part of the population who are treated for mental illness, or who are hospitalized for mental and emotional

problems. The process of selection seemed in fact to favour those who did not suffer from multiple disadvantages and stigma, and who had already belonged to a predominantly middle class culture - even if they have dropped out or failed to live up to expectations. Selection, therefore, tended to sort out those who were not familiar with the forms of discourse and the bargaining frameworks used by those who work for the welfare agencies.

Furthermore, membership of the communities was conditional upon the client's acceptance of at least part of the welfare agencies' definition of their problem. The central condition of selection is referred to by those in the field as "motivation" and "insight", i.e. a mutually acceptable definition of the problem must be negotiated prior to membership.

There is not infrequently quite a lot of pressure brought to bear on potential clients to therapeutic communities by referring agencies to reach such an understanding, particularly when the alternatives to the placement are likely to be unsatisfactory to the agency or unpleasant to the client. It is therefore perhaps unsurprising when the original understanding about the nature of a problem and the desired end results of membership breaks down. This was illustrated by nearly all those who left abruptly during the fieldwork or shortly afterwards from both communities, eg,

---- David in Community B felt that there was a conspiracy against the residents to humiliate and punish them for their disadvantages.

---- Dick in Community A pronounced himself cured, and regarded any disagreement with him as persecution.

---- Ingrid (in the Pilot study Community A) saw her problem as physical and wished to live at home propped up with painkillers for her headaches and anti-depressants.

For all these it was the breakdown in the discourse caused by their non-acceptance of any mutually agreeable definition of their problems which precipitated their leavings, rather than rule-breaking or anti-social activities.

When it seemed that the disagreement with a particular client had broken down irretrievably the staff tended to fall back upon a definition of "illness" or in the case of Ingrid of "madness" as both a justification of their own failure and a possible prescription for the next stage in their career. Ingrid was described by one of the therapists as "too mad to use the Community". A similar process was at work in Community B. Tom had left with mixed feelings about the community and the staff but in this extract his behaviour is ascribed only to his madness.

1. I. Are you recording B.?
2. B. Um.
3. I. Well William had a friend come down a couple of weeks ago.
4. R. That would be Tom.
5. Yes, well there was an interaction there - not a very nice one actually - about what they thought about the staff at (Comm. B)
6. R. Tom is pretty psychotic at the moment. I think that's a side issue to what we are talking about now. I take your point but he is in fact very psychotic.
7. I. Yeh.

8. R. But this is part of the pattern that we continuously pick up. Is it any more than usual?...This is part of theintrospection so perhaps we should get back into the preparations for the Christmas party. It might divert people from this merry-go-round of introspection which usually ends up with the house being glum.

Community B Staff Mtg 1

The nature of the relationship between staff and clients is buttressed therefore by the structure of the welfare system which allows communities to select out clients who are judged not to be able or willing to work within a bargaining framework which presumes an acknowledgement of certain kinds of psychological problem and a desire to undergo personal change. This is part of the staff group's structural domination of the resident group.

As with all power relationships, however, the staff are dependent too - both on eliciting co-operation from most of their clients most of the time, and on being seen by their superiors and other agencies to be effective; at least in controlling their clients if not always in rehabilitating them. We have seen already that in both communities the staff were subject to (and sometimes welcomed) the intervention of seniors when difficulties arose with the client group. The interventions of the supervisor in Community B (see Chapter 7) and the nursing officer in Community A when a violent incident came to the attention of the hospital authorities are illustrations of this.

Ultimately, therefore, if the staff in Community B had lost control of the community (and it should be stressed that despite everything they were quite a long way from that) there is little doubt that the parent organization would have moved in reinforcements or changed the team (which they did in the end within six months).

Likewise, although the authority of the consultant and the other therapists in Community A seemed very secure, the community had been threatened with closure previously, and the staff feared with some justification that if the members became disruptive in the hospital, the question might arise again. The threat of intervention from outside therefore could be a potent issue around which the staff and clients could unite, and at times a bargaining counter by which they were divided. Both groups were sensitive to threats of closure, the staff to preserve their professional credibility, and the clients for fear of finding something worse.

There was therefore a limit on the use of coercion and considerable incentive to adopt other forms and modes of getting things accomplished e.g. manipulation, persuasion, education and negotiation. There was also a bias in the selection procedures which tended to frame the discourse in a way which routinely assumed the deficiencies of the client group and the need for individual personal change as a prerequisite of rehabilitation.

In this latter respect, the same form of structural domination was as evident for Community B as for Community A except that the status of a doctor with "medical authority" still has the effect of making it more difficult to disagree with his/her opinions. The staff of Community B however were, by virtue of their appointments and careers are social workers to a dependent group.

Ideological and Organizational Structures in the Two Communities

In this section the ideological and organizational structures

of the two communities will be examined and the influence of these features on negotiating behaviour will be considered. It will be proposed that the course and form of the discourse in which challenges to the social order arose and were met in the communities were shaped in part by the influence of structural patterns and constraints in the organizational settings which formed the contexts of the communities. It will also be proposed that structural factors influenced and constrained the capacity which groups brought to negotiations both in terms of their ability to articulate or prevent a challenge to the established order, and in their ability to organise politically to influence the outcome of negotiations in a way which enhanced their collective interests. (Collective interests here means jointly agreed demands - it does not imply any judgement on the part of the researcher about what might in the long or short term be of benefit to them.) It will be suggested that there were in Community B structural factors which stimulated and indeed necessitated a wider range of negotiations than in Community A, and that the members of Community A were inhibited from organizing amongst themselves to articulate their grievances by an ideology which to them was structural, and which to the staff was a largely unintended consequence of running an analytic community within a hospital setting.

The two communities were different both in the emphasis of their treatment ideologies (see Chapter 2) and in what has been referred to as their practical ideologies. The treatment ideology and the practical ideology are related, but not necessarily the same. The difference is that the practical ideology is influenced by and operates through the full complexity of structural conditions which are the setting or "background" to the communities. The consequences of the influence

of structure upon the treatment ideology is that the theory which forms the framework of the treatment may be reworked, reshaped and compromised to suit conditions which its originators could not have envisaged. Freud, for instance, could hardly have envisaged psycho-analytic technique being used within the confines of a state mental hospital as the guiding principle of a "living/learning" community. This is not to say that he would have disapproved, merely that the consequence of this setting upon what originally was conceived as a confidential dyadic relationship between analyst and his client are not predicable within Freudian theory alone. Practitioners will inevitably adapt and rework the theory to suit what they perceive as possible and desirable in local conditions, sometimes without being fully aware of how they have arrived at the parameters of what they perceive as possible. In Community A a therapist expressed both a realization of this point and fears that the end results may have been less than desirable:

> I think we may be giving them the worst of the individual analytical mode with all the sorts of fears and sufferings and difficulty in it for them in opening up, without the advantages that you feel your analyst - he's there for you and in a way holding you. (S. Mtg. 2)

In each community therefore the way what is structural shapes and is shaped by the activities in the negotiating arenas will be examined. It will be argued that treatment ideology and organizational structures (merged as practical ideology) frame and shape the discourse, not infrequently subverting and rehaping the goals and strategies of the actors as they negotiate with each other.

Community A

A certain amount has already been said about the hospital as a

physical structure (Chaper 2) and we have also touched on certain aspects of the hospital's organisation. As a social structure a hospital such as that which formed the setting for Community A is more than buildings and organization. It is a complex entity which has evolved out of and been organized around certain themes and assumptions concerning the way in which various forms of deviance and culturally defined abnormality are managed. In this case the assumptions were that its clients were "ill", and therefore incapacitated in respect of day to day self-management, passive in relation to their immediate environment, and needing to be temporarily or permanently segregated from the wider community. The care and treatment of the patients was divided among a number of separate professional, semi-professional, administrative and unskilled groups of workers who specialized in different aspects of care and treatment.

- The medical staff, consultants and doctors, to diagnose, prescribe and sometimes carry out treatment.
- Nurses to administer routine treatment (drugs, etc) on the instructions of the physicians, and provide the mundane care and managment of patients.
- Administrators who organize cooking, maintenance, finance, and the policing of the institution.
- Domestics who carry out the cooking, cleaning and maintenance tasks.
- Paramedical and semi-professional personnel who run leisure and educational pursuits, and assist with the transition from the hospital back into the community.

The effect of this way of dividing tasks is to create a heirarchy of tasks. At the top of the heirarchy is the diagnosis and treatment of the patients, followed by the administrative and caring tasks, with domestic work at the lower end of the scale. The paramedical staff

(occupational therapists, speech therapists, art therapists, industrial therapists, music therapists and even psychotherapists unless they happened also to be consultant physicians) were all very much on the fringes of the hospital organization and tended to be regarded as optional extras by other staff, though not by the patients for whom they represented an opportunity to fill the large amounts of empty time at their disposal.

We have indicated in our review of the history of the therapeutic community that the major innovation of the therapeutic community as far as hospital treatment of the mentally ill was concerned was to change the focus of treatment and regard the patient as a whole person, thus doing away with the division between care and treatment, and the heirarchy of tasks. Thus care, education, leisure, domestic routines, etc, were not seen as the responsibilities of separate specialists, but as necessary features of every human being's life. All were viewed as a part of a complex reality, and as being potential learning material. Thus the definition of therapy was extended to go beyond the symptoms of the "illness" to the development of the whole person. It was soon found by the pioneers that such a change would necessarily involve a re-orientation of complete hospitals (Martin, 1962; Clark, D, H, 1964) and there were few senior consultants prepared to take the risk. Community A was a compromise in that it was an attempt to graft a therapeutic community onto a very conventional state mental hospital. As such it has shown remarkable powers of survival, but it also illustrates very well the constraints of working at a radical and democratic style of client management within an institution which is organized around totally opposed assumptions.

We have already indicated how little contribution the members could make, or indeed needed to make to their physical environment, or to domestic routines. However, the organization of the staff and the division of labour in the community, reproduced perhaps unintentionally exactly the separation and heirarchy of tasks which we have described as characteristic of the main hospital. The consultant and the other therapists spent relatively little time in the community and only attended community meetings and therapy groups on three mornings per week. This very fact of organizational life made an important statement about the status of different parts of the programme since decisions had to wait upon their presence, and the rest of the programme was organized around the limited amounts of time they could devote to the community.

What happened when a para-medical worker attempted to stake a claim in the treatment process and get the therapists to endorse her innovation with their presence has already been shown. But it was not only the para-medical who were rendered impotent by the staffing structure. The nurses who were the only full-time workers in the community were restricted in the range of tasks and activities they could undertake by the almost chronic staffing shortage in the hospital. The effect of this was that, rather than being a generous complement of staff being made available to the community in recognition of the special need for human interaction, the nursing administration tended to regard the community as being <u>less</u> in need of staff because its members were not in need of such constant supervision (and regular medication) as the patients on the other wards. Sheer lack of numbers therefore reduced the nurses to fulfilling routine supervisory and administrative tasks, and providing a central point (the office) where

members could, if they were lucky, find a staff member to chat to. Most of the nurses in fact rarely ventured out of the office when on duty, and the impression they gave was that merely surviving was a struggle. The absence of one member of the team (a frequent occurrence) led to increased friction and resentment because the others were expected to fill in, rather than call on the main hospital for reinforcements. The tension showed among other places in the arguments which inevitably started at the beginning of staff meetings about who should take the minutes.

The hospital's organizational and professional structure, and the division of labour among the staff, was perceived by everyone in the community as unalterable - a fact of life. The consultant said in response to a comment from the researcher after the fieldwork had finished, that there was a limit to what the staff could do, within the hospital. The choice which would have faced them if they had wanted to make things significantly different, would have been to risk their careers within their own professions, with no certainty that the community would have been viable outside the hospital.

Faced with such constraints, the major difference between the community and the surrounding wards was in the form of the treatment - psychotherapy in groups as against mainly chemo-therapy in the other wards. This was the community's unique characteristic in a large organisation where other innovations associated with therapeutic communities were either difficult of impossible to achieve.The priority accorded to analytic psychotherapy is therefore intelligible within the structural context of the community and it was this framework which shaped the discourse and therefore the content and style of the

negotiation.

The structural background to negotiations in Community A was an ideological fusion of the theoretical framework of treatment with the structural properties of the hospital (including the heirarchy of tasks and the division of labour). The "revolutionary" insights of therapist A were listened to politely but were never organised into action. The attempt at innovation by the occupational therapist was defeated by an alliance of inertia betweenthe nurses and the therapists. The limited range and productivity of negotiations between staff and clients, and the apparent inability of the members to articulate collective dissent, must be seen in this context, in which the staff perceived themselves as bound by structural constraints to forms of organisation which they knew were having undesired effects on the course of the treatment.

The priority given to individual analytic psychotherapy within the hospital setting had the effect of disorganising the members as a group and rendering them politically ineffective. This worked in two ways:

1. The scope for the formation of any group organization or group identity was limited by the absence of any opportunities or necessity for the members to operate as a group to carry out daily routines; and by the restrictions placed on collective creativity (e.g. environmental design) by the hospital's regulations, and the assumptions around which it was organized. At the time of the research community meetings and groups had become the centre of the community's life to the exclusion and devaluation of all other activities. Thus the range of issues

available for negotiation by the members as a group was very limited.

2. In addition, the nature of the individual analytic ideology continually shifted issues back onto individual problems. The risk and pain of being identified as having a problem was mostly avoided by members where possible, either by not drawing attention to themselves or by developing the skill of shifting the focus of a discussion onto another person. At the time of the research, as we have seen, the effect of this was to make the rivallry and tension within the member group very intense. No one could be sure whether a protest would gain allies or support, or merely draw attention to the protester. There were a few dyadic alliances (Andy and Dick, Pauline and Dominique), but these were unstable and broke down when they became the subject of public scrutiny. The most obvious strategy for deflecting undesired attention was to take the initiative by becoming the questioner or analyst, probing another persons motivations. In such a climate, a strong political organization among the members was unlikely, despite the presence of a number of individuals with the insight to act as catalysts, and the skill to influence others.

Community B

The treatment ideology of Community B, as we have seen, gave priority to residents coping with work routines, and the assessment of task performance rather than gaining insight into unconscious processes and motivations as in Community A. This does not imply that the staff in this community were unaware of, or in any way antipathetic to the psychoanalytic framework. Individually they approved of psychoanalysis as an approach to treatment and tended to regard it as a loss that they were unskilled and unqualified in the technique.

Those who wished to train as analysts were encouraged to do so by the parent organization, which in certain circumstances made concessions over time and the payment of the expenses involved in training. As in Community A however theoretical and ideological commitments became fused with the operation of structural influences to form a practical ideology, which contrasted at several important points with that of Community A. There was within the staff team in Community B an acceptance of medical authority and expertise in matters of mental illness which was far less critical than that in Community A. The crucial difference was that as none of them were doctors they were compelled to formulate and justify their definition of their task in very different terms to the doctors. To the staff of Community B the residents were at a stage in their illness in which they were no longer "acute", but had progressed to being socially inadequate and in need of rehabilitation. The staff were very sensitive to the possibility of relapse into "illness", and signs such as angry, over-excited, or apparently irrational behaviour would quickly prompt staff into consulting the "covering" psychiatrist with a view to adjusting the residents drugs, or re-admission to hospital. By making the distinction between "illness" and "not coping" the staff in Community B were able to separate off disruptive "pathological" behaviours as not fundamentally their concern. Their assumption was that deep-seated problems should either be controlled by medication, or treated with therapy outside the community. The purpose of the community as defined by the warden was to enable residents to find a "satisfactory and satisfying" way of life within society. This was to be achieved by confronting the resident with the realities of daily life in a sheltered environment, but not segregated from the wider community. This of course reverses the assumption of the staff in Community A that once the deep-seated emotional problems had been

treated, learning to cope with every day life would follow almost automatically.

In other respects also the practical ideology of Community B contradicted the assumptions of the mental hospital which as we have seen impinged considerably on the life of Community A. Residents were not assumed to be ill or incapacitated, or passive or needing to be segregated, and in so far as they were any of those things, this was assumed to be a temporary state which they would learn to alter while in residence. The contrast with the hospital setting was, as we have already noted, stark in terms of location and architecture. In addition, although there was an authority structure among the staff with certain areas of decision-making being the prerogative of the warden or supervisor, there was in matters of daily routine no obvious specialization, and no heirarchy of tasks in the sense that each member of staff was likely to share in domestic tasks, the management of finance and all other matters relating to the daily functioning of the community, alongside the residents. Because the community was relatively self-contained in matters relating to the daily routine there was also a comparatively high level of mutual dependence within and between the resident and staff groups. Although the staff, as far as they could, kept their private lives separate from the community, they were, particularly those who lived in (all except the Warden), dependent upon the residents' co-operation for their peace and privacy, in a way which the staff in Community A never were. (It was a source of some wonder among the staff of Community A that the researcher appeared not to mind living and eating in the community for days, or even for 2 weeks at a stretch). Among the residents of Community B there was a high level of mutual dependence in the provision of the basic necessities of life-

food, cleanliness, etc.

Also, in contrast to the staff in Community A the staff in Community B were not members of different professional and semi-professional groups, each with the backing of their own career structures and specialisms. The staff were all employed by the parent organization which admitted no salary scales other than its own, and made only minimal acknowledgement of the professionalqualifications of its staff in other fields of social work or education. Thus where there were discontents among the staff, and there were many, mainly about pay and conditions of service, there was no difficulty in identifying who was to blame. The effects of this incipient political organization among staff were countered in large measure by the employment of large numbers of unskilled, and single young people for whom it was their first job, and who had very little to offer in a depressed labour market. Union membership was discouraged, and the organizations own staff association was not allowed to negotiate salaries or conditions. The dissatisfaction of the staff group manifested itself largely in a rapid succession of leavings, which the researcher gathered was typical of the organization as a whole. The staff therefore as a group were weaker in that they represented no vested, political or professional interest.

In Community B the operation of structural influences upon the treatment ideology encouraged and necessitated a greater range of negotiations than in Community A, and provided conditions which encouraged a greater degree of organization and group identity among the residents. Because the community had to run itself there were many more apects of life which had to be negotiated and on which decisions or agreements had to be reached. As most tasks were to some degree shared among everyone, there were more points at which disagreement could arise. For instance, the staff's withdrawal from work-group due to pressure

of other work provoked as we have seen sharp comments from the residents and soul-searching among the staff. Also because the residents were far more dependent upon each other and the group for the provision of the basics of daily life the incentive for the group or organize itself and its capacity to do so had been more fully developed.

Summary

It has been argued that in contrast to Community A there was in Community B a much greater range of social objects which had to be negotiated for the community to manage its day to day routines. It has also been indicated that the practical ideology provided greater incentives and opportunities for the resident group to organize politically and develop a sense of group identity. There was therefore in Community B a climate and a social structure which stimulated more negotiation, and which allowed the possibility that dissent could be organized and articulated collectively by the client group. This of course does not imply that such dissent or a challenge to the established order was in any way inevitable. How challenges actually occur will be dealt with in the final section of this chapter.

The Organization of Dissent

Consideration has been given to how different styles of negotiation evolve in organizations of a similar size, composition, and a similar broad conception of their tasks as a result of the inter-relationship between the structural and ideological properties of the context of negotiations. It was found that in one of the communities studied there was more to negotiate about in the daily routines of the community, and more incentives and fewer constraints upon the client group to organize themselves to act collectively, and develop a sense of group identity. We have not however as yet attempted to explain how it came to be that

dissent became articulated and sustained by the client group in this community, in such a way that for a time a challenge was presented to the established social order, which ended only when there had been substantial changes in both the staff team and the resident group.

This section will look first at how dissent seemed to arise in both communities & reach expression in public negotiations, & then review the steps which were taken to defuse and counter the challenge. In each instance where dissent arose in both communities the initial moves were made by an individual who acted as a catalyst. The individuals who most consistently filled this role were Dick and William (Community A and B respectively). Both, a) felt that the "mobilization of bias" in the organizations was against their interests in certain respects, and b) decided to give voice to their protests in meetings. There were others who at times acted as catalysts, though as we have suggested earlier the personal characteristics of the catalyst are important, in the initial phase of dissent. The absence of a "risk taker" in the group would make an open challenge to the established order very unlikely to arise. The next stage of the process was for the catalyst to try to mobilize support and win powerful allies. The third stage is planning and rehearsal to ensure that the case is articulated effectively, and contingencies prepared for. In the case of Dick's attempts to mobilize dissent in Community A the second and third stages of the process never got off the ground for reasons already suggested, relating to the structural properties of the setting, and also partly because his egotistical aggressive approach to meetings made him an uncomfortable ally. The residents of Community B however were able to manage the next stages of the process, despite their doubts about William's motives and his inability to take other peoples needs into

consideration. This, we have argued, indicated a fundamentally different approach to negotiation and collective action among the resident group.

Once a challenge had been articulated in public negotiations there were, as has been shown in Chapter 7, a number of strategies used by those who wished to resist it - manipulation of agendas, diversion of the issues, moves to divide the opposition and exploit their weaknesses etc. - all of which were dependent upon the ability of the (staff) group to organize politically to resist the challenge.

This having been said, there was no inevitability that a serious challenge to the staff would arise in one community and not in the other, but one might hypothetize that in the structural conditions which prevailed at the time of the research the form of the challenge would have been different. What is suggested however, is that the escalation of the challenge in Community B was due in part to the greater structural propensity of the client group to negotiate collectively, and also in part (perhaps mainly) due to the organizational weakness of the staff team at that time which was divided both by the dispute between the deputy and the warden, and by the underlying grievances of the younger staff members against the parent organization, which they pressed mostly on the warden. (See extracts from the staff "learning meeting" Appendix B). These divisions were, as we have seen, recognised and exploited by a relatively cohesive resident group.

Looking speculatively at counter-factual scenarios (what might have happened if ... see Lukes 1977:9) from what we know of the two communities we might hypothesize likely courses of events. If for instance there were to be a serious division among the therapists in Community A then the staff's capacity to resist a challenge would be

substantially reduced. This however would be unlikely to lead to more negotiation or greater cohesion among the client group but more likely to massive insecurity, uncontrolled behaviour (acting out) and recrimination among both the member and staff groups.

Again, in Community A, if over a period of time the mutual antagonism between the members abated and an organized subculture developed it is predicted that this would not take the form of organized collective negotiation, but rather of an informal solidarity with a tacit agreement not to make life too difficult for each other in meetings. Members found it very difficult to leave the community, and it is considered that an "institutionalized", essentially passive form of resistance would be the most likely subculture to develop among the members.

In Community B if the staff team were stable and well-organized, it is unlikely that dissenters would find sufficient powerful allies to mount an effective challenge. In this case it is possible that the resident group would with strong leadership attempt to negotiate change and innovations which would stimulate a chain of negotiations up the organization. Without strong leadership the resident group might well become progressively more passive, unwilling to take in new members and dependent upon the staff.

Conclusion

We have argued in this chapter that the negotiations in each community had a characteristic form and style which was related to the structural properties of the negotiation contexts. In particular we have argued that the hospital's organization with its heirarchy of specialised tasks, combined with the individual analytic ideology to subvert the staff's intentions and the concept of the therapeutic

community which they were attempting to incorporate into the state mental hospital. One effect was to reduce the need, incentives and capacity of the client group to negotiate collectively and to form a sense of group identity and mutual support. In Community B we found more incentives and fewer constraints upon the client group to negotiate collectively; and also a stronger sense of mutual support.

In the last section of the chapter it was suggested that although the structural conditions in Community B were more conducive to the organization and articulation of collective dissent, there was no inevitability that it would arise. The fact that it did and was sustained was attributed partly to prevailing structural conditions, but mainly to the exploitation by the resident group of division and organizational weakness in the staff team at the time.

In both communities there was some evidence that particular individuals acted as <u>catalysts</u> to awaken and mobilize the shared but latent perception, of bias and disadvantage into active dissent.

The prevailing structural conditions however inhibited the spread of dissent in Community A whilst encouraging or at least permitting it for a time in Community B.

CONCLUSIONS

The task of the project has been to look at the social order of the therapeutic community - how it holds together (or not) in the process of achieving its main task of changing for the better the lives of its inhabitants. It is particuarly crucial to the whole concept of the therapeutic community that the social organization provides not only the background to therapy, but also the life experiences which produce change. It has been proposed therefore that the social order with its dimensions of organization and control is a central though neglected topic for research. The project was begun with the idea that the concept of "negotiation" might be useful and important in any discussion of the social order of the therapeutic community, and with a particular interest in Negotiated Order Theory developed by Anselm Strauss et al (1963,1978).

Concept of the Therapeutic Community

In considering the antecedents of the therapeutic community it was observed that the basic idea of a social system which promotes psychic health has had a long history, far longer than the therapeutic community. The term however arose from hospital-based experiments in manipulating social mileux, all of which were initially pragmatic rather than based upon pre-formulated theory. The early history of the therapeutic community in the hospital was reviewed, its characteristics and principles and the variations of emphasis in the treatment ideology. These concerned mainly the degree of prominance given to depth psychotherapy in the treatment programme and a distinction was proposed between therapeutic communities which were mainly "psychotherapeutic" which focussed upon the internal life of the client and

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those characterized as "sociotherapeutic" i.e. with a more directly rehabilitative approach. It was noted however that most are in some degree based upon a psychoanalytic model of human functioning.

When considering the development of the therapeutic community outside the hospital it was noted that several types had evolved rejecting in differing degrees a medical model for the treatment of mental disorder. Because the project focuses on a "halfway house" community it was this model which was given most attention; in particular the development of halfway houses since the 1959 Mental Health Act. The essential difference between the hospital model and the halfway house was in the use of non-medical staff and in the lesser importance or absence of the psychiatrist in the management of the establishment.

The view of the therapeutic community which emerged from the search of the literature was of a form of treatment which after an initial enthusiastic phase has not on the whole become established as a major part of the mental health services, although there is now fairly general acceptance of the view that the social environment can have a positive or negative influence upon a person's mental wellbeing.

The Management of Conflict

Although the organisation and ideology of two communities differed, neither was entirely outside the mainstream of mental health care in which the discourse of medical psychiatry holds the dominant position. In this sort of therapeutic community the "treatment" offered centres around continuous discussion and monitoring of the social environment, and general agreement was found among practitioners that the community meeting is of central importance in the daily life of the community. The view which emerged however from the discussion of the literature

was that practitioners on the whole tended to accept the transactions in the meetings as spontaneous and to ignore or play down the aspects of the large group which are like a public performance. The models and theories favoured by practitioners of the functioning of the community meeting were psychoanalytic or psycho-dynamic and emphasised the elucidation of unconscious interpersonal dynamics, to which the staff were held to have privileged access. Instances were cited where different viewpoints on the same events seemed to suggest that clients and junior staff were more conscious of the performance aspects of the meetings and the elements of social control than senior staff allowed themselves to acknowledge.

It was suggested that staff chose not to focus on the political dimensions of the meetings partly because to do so might undermine the techniques of social control being used, and partly because it might undermine their view of themselves if they felt they were acting in a devious or manipulative way to control their clients.

It was felt that the importance of the staff meeting was underestimated in the practitioner literature for similar reasons. The process of planning teamwork, monitoring group morale, and socializing junior staff is continuous in staff meetings, but there was evidence in the literature of some dissent from the prevailing ideology of these meetings. The exclusion of clients was a focal point of tension as was the emergence of a covert analytical heirarchy among the senior staff. Other writers who were not practitioners pointed to the danger of over-communication, particularly in the creation of profiles of client behaviour which were not anchored to pre-defined standards and expecta-

tions. When the literature on conflict and collective disturbance was reviewed there was evidence that serious conflict had arisen within particular communities and between communities and their environments. In accounting for this however those writing about the conflicts had a tendency to use metaphors for community functioning which under-played sectional interests and political conflicts. Those taking a function-alist view of community process described the recurring crises as "oscillations" inthe smooth running of the machinery. Others from a psycho-dynamic ("holistic") theoretical base referred to splits in the community personality, as if it were a schizoid individual who had to be "treated". Both views stress the role of management incurring defects and thus ignore the possibility that sectional interests are locked in permanent conflict. The view proposed in this project is that conflicting interests relate to real differences in power and status, and that conflict is a continuous if sometimes quiescent feature of community process, which is routinely managed more or less successfully within the emergent social order. One writer (Whyte) proposed that a labour relations model might be a practical way of getting to grips with the reality, not only of conflicting interests but of perceived conflicting intertests. Both practically and theoretically therefore it appeared that a model of functioning which involves negotiation as a central feature might be useful as a way of dealing with the problem of power differentials and perceived or real conflicts of interest in the therapeutic community.

Negotiated Order Theory

It was argued that this theory is promising because it seems to have potential as a way of overcoming certainproblems within structural

determinism and functionalism without losing touch with observable reality.

Two central problems were noted within the paradigm relating to 1) the definition of negotiation, and 2) the structural basis of power. A limited definition of negotiation was suggested in order to retain the everyday sense of what negotiation is, and to make it possible to distinguish between which social behaviour can be described as negotiating behaviour and which cannot. In the discussion of power ways were suggested in which power could operate both in individual manifestations, and in its structural forms which would need to be assessed empirically in order to assess the usefulness of the negotiated order paradigm. In particular it was noted that power could be used intentionally to prevent issues being raised in negotiations-the manipulation of agendas; and also that in the longer term issues could be settled in such a way as to become part of the structural domination of one group by another without any apparent tension at a particular point in time. This process was described by Busch as "sedimentation" within the negotiated social order, but this metaphor was felt to be inadequate for a process which informs all the activity on the observable surface of the social order.

It was held to be crucial in proposing or qualifying the utility of the negotiated order paradigm that due weight is given to the processes of manipulation and on-going domination, and that the conditions, if any, in which they may become the subject of negotiation are considered.

Methodology

In order to test and assess the concept of "negotiation" and

negotiated "order" in relation to the therapeutic community a modified form of participant observation was used in two communities comparable in size, aims and clientele, but from very different parts of the ideological, professional spectrum and representing parts of different organizational structures (NHS hospital/voluntary sector halfway house).

The researcher developed a role somewhat short of full participation either as client or staff of the communities and developed certain ground rules to limit the extent to which he influenced the negotiations. It was important to the project that the formal negotiating arenas were observed in the context of "backstage" work in which alliances were formed, positions prepared and agendas drawn up. Certain problems were noted particularly in relation to the researcher opening up channels of communication within the community which would not otherwise have existed.

In order to complement observation meetings were tape-recorded over two week periods, both as a check on the reliability of the observation and to provide material for detailed analysis at a distance from the field. It was suggested that this use of multiple and complementary methods was useful and that the instances where the researcher appeared to have drawn incorrect conclusions from observation provided valuable material in the final analysis. Given time and resources it was also suggested that two observers in the field and periodic recording might have produced superior data. However it was also noted that any process study can only capture the partial reality of a moment in time.

The content analysis of the tape recorded data was deliberately kept simple. It was felt that such data over such a short period would not bear the weight of an over-detailed analytic technique. Nevertheless the analysis did throw into relief both the style and the content of meetings in the two communities. The identification of priorities based on a measure independent of the participants perceptions (time spent discussing them) and recording numerically the occasions on which decisions are actually reached in meetings, reveal the mechanisms of the social order in a different light to that which the participant and the observer can perceive. In particular it was argued that how people behave is as important as the construction they put upon events when called on to describe them. It is held also that the extent to which an issue or an outcome impinges on the social order can be assessed empirically, by looking at how profoundly the status or authority of individuals and groups is challenged and at how far the established ways getting something accomplished are modified.

The methodology of comparing and contrasting material and experiences from the discussions of two communities depended on their being in some aspects similar. The communities were selected because they were of an equivalent size, not overtly specialized in the presenting problems of their clients or the mode of treatment, and with a comparable clientele.

The study focussed on characteristics of two communities pertaining directly to social order and its structural components - ideology, organization, routine, heirarchy and the professional division between psychiatric medicine and social work as they impinged on the daily lives of the members of the two communities.

Negotiations and Negotiated Order

In terms of the content of negotiations there were interesting differences between the communities which had considerable implications for the concept of negotiated social order. At an ideological level the hospital community with its heavy psychoanalytic bias showed a much greater tendency to focus upon individuals, their motivations and deviance from a largely unspoken set of social rules and norms. The halfway house by contrast demonstrated a much greater preoccupation with the workings and daily life of the whole group and individual problems or deviance tended to be disposed of much more quickly. The content analysis of the tapes confirmed that the range of topics discussed in the halfway house was greater than in the hospital community and that problems relating to the social organization of the whole community rather than those of individuals in relation to the community were given proportinately more time in the halfway house. Perhaps more surprisingly since in the hospital decisions were (theoretically at any rate) made democratically by a one member one vote system - more issues were decided openly in the halfway house than in the hospital where decisions were apparently very hard to make at all and were frequently passed by default on to the staff.

It was concluded that the halfway house <u>looked</u> more like a negotiated social order than the hospital community. And yet it was noted that for all the talk and questionning very little changed in the social organization of either community except that staff and residents who disagreed with the leadership tended to go or become isolated. The superficial mechanisms which produced this conservative outcome were similar in each community and were more precisely described as <u>manipulation</u>

rather than negotiation. The fact that the established social order in the halfway house seemed more fragile may be accounted for in part by the inability of the staff team to organize themselves effectively and the greater opportunities for the resident group in the halfway house to establish a collective identity and act cohesively. In relation to the setting of agendas and the establishment of a conceptual framework for the discourse one must broaden the perspective by saying that staff of each community were more or less skilled in using the considerable powers at their disposal to ensure that the communities were not changed by grassroot activity or by negotiation with the client group.

It is not possible within Strauss' negotiated order paradigm to account for the conservative bias of the two communities, unless the concept of power is added (Hall & Hall 1980). Due weight must therefore be given to the fact demonstrated time and again within the fieldwork that groups with power, i.e. access to resources and a capacity to organize themselves to mobilize those resources, attempted continuously to determine what was negotiated and whether agreements reached were acted upon. Neither is the practitioner view accepted that the operation of power is latent, Jones (1968), and only mobilized at points of necessity.

The potential for conflict within the communities was continuous, and routinely managed by the operation of power. The staff may not have been aware that it was happening in the sense that they were sensitized to the implications of their actions, but they were in Lukes' (1977) terms certainly acting intentionally. It must be assumed that Jones (1968) is referring to power only as demonstrations of authority which staff become aware of because routine control has broken down.

This is not to say that negotiation is not important in the communities. It would seem that it accompanied in some degree most decisions and agreements made in the communities, and that where negotiations broke down or were handled badly the operation of power was made more obvious and less acceptable to both the staff and client groups. Nevertheless when negotiations are examined between levels of heirarchy it is clear that those groups at higher levels are able quite successfully to limit what is negotiated at lower levels and thus minimize any profound threat to the social order. Within limits lower order groups and particularly individuals are able to improve their position or pursue self interest, but unless they are able to obtain access to power and persuade others to mobilize with them, their personal negotiations will impinge minimally on the social order.

Practical Ideology and Structural Domination

Although there were similarities between the communities in the way power was mobilized and agendas manipulated to limit negotiation, there were also crucial differences in the forms of social organization and in the structure of the discourse. The interweaving of the treatment ideology with the constraints of the social organization of the communities environment's were characterized as the "practical ideology". This is regarded as structural in the sense that for that time the staff groups could not have done otherwise. It may be that changes either in their perceptions of the treatment of mental illness or of behaviour in groups; or indeed changes in the organizations to which the communities belonged would have brought about a reassessment of all aspects of the practical ideology. This hypothetical question will be referred to again but there was no evidence in the study that this was

a likely occurrence. Indeed it seemed that the insights which could have provoked such a reassessment were being resisted particularly in Community A. Even had changes been initiated and effected, it must be stressed that the level of the structural change would, on the evidence of previous experiments in psychiatry mentioned in Chapter 2, have been contained to the setting of the communities, rather than extended to the ongoing forms of domination between those who we considered sane and those who are deemed to be mentally ill.

The structure of the discourse in which mental disorders are framed in their everyday form is bound up with fear and the tendency is for those who have such problems to be at a distance from the rest of humanity. Although the overtly custodial functions of the asylum have diminished considerably in the whole field of the treatment of mental disturbance, the legacy remains in the general expectation that disturbing behaviour will be contained within those institutions which are established to treat and change it. Thus "permissiveness", the free expression of feeling and fantasy which is a central part of therapeutic community work, is constantly in tension with the reality of how far the rest of the world will tolerate such expression, in "reality confrontation". To allow mental patients even limited freedom of expression and engagement in the negotiations of their own social environment, a prior set of negotiations has to take place in which the wider community and those sections of the caring professions who would prefer them to remain quiescent and dependent are persuaded to suspend their intolerant reactions.

Given this, it is perhaps unsurprising that the therapeutic

community and its leaders should seek to play down the parts of the ideology which are likely to bring most hostility from the world outside.

As a characterization of this and all forms of structural domination it is hard to accept Strauss' term "background", if by that it is implied that structure is something less than the force which influences shapes every interaction in the "foreground". However, Strauss' formulation is also a statement of what is of interest to him. His interest is predominantly in the daily actions and perceptions of groups and individuals who live out and interact with the more deeply embedded structural forms.

If this is accepted then the analysis of the more superficial differences in ideology and social organization are of interest and value. At this level of analysis the tension between what is structural and what is due to the intentional operation of power is most apparent. Lukes poses the significant question when he asks whether the actors could have behaved otherwise?

Since they did not at that time do so the question might be considered irrelevant, but drawing on experience from the early days of the therapeutic community movement itself it can be argued that certain structural features are less deeply embedded than others and that the conditions which might produce change are on hand if only they are recognised.

Recapitulating on the analysis of the social organization of the two communities it has been stated that there were major differences in ideology and in the definition and social organization of work in the

two communities. In the hospital community work was the contemplation and confrontation of internal processes and motivations as demonstrated over a limited range of real life situations, heavily circumscribed by the setting and routines of the hospital. There was no need for the community members to clean, cook, or work together and indeed very little incentive or encouragement for them to do so. The choices made by the staff to lodge the community within the social organization and heirarchies of the hospital and to give priority to analytic therapy produced a membership who saw themselves as patients and for whom their disabilities were construed as a failure of internal emotional stability rather than deficiencies in coping or the performance of every day tasks. There were few rewards for the demonstration of competence in any field of collective activity but approval for a particularly incisive question or interpretation of another's behaviour. The model for achieved competence was that of the psychoanalyst. In the halfway house there were also ambiguous rewards for the performance of every day tasks, in that the quality of work had to be balanced against being perceived as a stool-pigeon for the staff. None the less the priority given to work did enable the residents to support each other even at points where the staff were far too absorbed in their own problems to recognise what the residents were asking for. In addition there were particular factors operating in the case of Community A which added to the rigidity of the regime, particularly in relation to the hospital to which it belonged.

In the hospital the overwhelming impression was that the community was a threatened and isolated group and that the consultant, although senior and sufficiently independent to run such a community, was

regarded by his peers as a maverick. Behaviour was controlled in a rigid way with the implicit threat that trouble could threaten the existence of the community.

Any signs of collective activity or demands on the remainder of the hospital were firmly stifled and the focus of attention redirected to the main work of psychotherapy. The whole community was therefore highly dependent on the structure which was intolerant, rigid and with which it could only interact in prescribed ways. If the consultant had been totally committed to a way of working different to that of the hospital there seems on the face of it no reason why he could not have set up a community elsewhere, and staffed it in a different way. There are communities within the NHS which have been set up outside hospital and which are tolerated. There are also communities referred to by McKeganey (1984) within hospitals where the therapeutic community ideology is followed more closely than in Community A. There were no indications at the time of the research that there was even a passing interest among the staff including the consultant (but excluding the occupational therapist who left) in any other way of working than psychotherapeutically. The consequence was that very little in relation to the social order was negotiable or even discussable. The constraints on open negotiation and on innovation were very deeply imbedded in the whole social organization. At another level it should be added that the hospital itself was under threat, morale was poor, the client group older and less hopeful, and staff jobs continuously under threat. The preoccupation with internal dynamics in the community was paralleled in a curious way by the preoccupation of the hospital management with internal troubles.

The decision to remain within the hospital and to remain tied firmly into the daily routines and rituals of that institution, brought with it security as the reactions of the wider public were concerned but considerable limitations on the members control over their own lives. The tensions within the hospital staff no doubt exacerbated this problem but McKeganey and others (Jones, Clark, Martin op.cit.) provide evidence that this need not have inhibited the communities regime as much as it did. If the leadership had been able to provide the insight and the will to change the regime this should have been possible. As it was, the focus on internal primitive emotions became a way of life, and an activity which medical staff and members found fascinating to a point where simple daily tasks like cooking and shopping were difficult to include within the programme.

In this way also disturbing behaviour was contained and the negotiations with the surrounding community confined within a largely medical(doctor-patient) frame of discourse. Members for instance were invited to go to meetings of the medical staff of the hospital to discuss their "cases" and their therapy. This was regarded as good public relations for the unit. Negotiation with the social environment was kept to a minimum. For change to have occurred more negotiation would have had to occur but as an <u>accompaniment</u> to a change of policy resulting from the leadership making a new range of choices. Clearly new forms of social control would have had to be negotiated to replace the dependence upon analytic hegemony, but had this needed to happen the more profound change in the social order would have already occurred at a high level.

In the halfway house the setting operated to encourage low level negotiations in that it is hard to see how daily life would have been maintained if residents and staff had not engaged in collective discussion about arrangements for cooking, cleaning, shopping activities etc. If residents for instance failed to work successfully as a group there would be no cleaners, cooks, etc. who would ensure that standards of food and hygiene were maintained. Focussing on an individuals internal problems to the exclusion of participation in survival activity would have been regarded as indulgent.

The main factor which constrained negotiations in the halfway house community was the internal division within the staff group which resulted in secrecy and self-absorbtion within the staff group, and authoritarian attitudes when dealing with residents' requests. The crisis which resulted from this was managed ultimately by the departure of staff members but the immediate strategies were to manipulate agendas and the content of meetings in a way which limited negotiations and the power of the resident group. The staff would no doubt have been appalled to hear themselves described as an incipient totalitarian regime threatened with revolution, but the metaphor is not inapposite.

There was nothing inevitable about the tension in the staff team in the halfway house, although it may be that the parent organization through what the staff perceived as its imperviousness to criticism and its discouragement of collective representations left the warden feeling insecure and with little room to manoeuvre in handling dissent among his team.

The "web of possibilities" in both communities therefore was constrained by the limits of what the leadership experienced as possible or desirable in the prevailing conditions. In a critique of negotiated order theory the question which follows is whether change in the "web of possibilities" occurs as a result of negotiation.

The Implications for Negotiated Order Theory

From this study there is evidence to suggest that negotiation can be an important accompaniment to maintenance and change in the social order but that the degree of importance varies with social conditions and that points at which the social order becomes fractured or where there is a strong impetus for structural change may also be points where powerful interests act to limit negotiation and manipulate dissent, via operation and mobilization of power.

The corollary to this is the suggestion that productive negotiations may assume more importance as a social order becomes stabilized and threat dimishes i.e. as the demand for radical change diminishes. The prior question when considering whether or not "negotiated order" is a useful characterization of a particular set of social forms and activities is not how much negotiation goes on but <u>at what level of the social order is negotiation is a significant factor</u>.

Hall and Hall (1980) in the conclusion to their paper on the school system as a negotiated order, argue that the conditions which prompted Strauss to coin "negotiated order" as an analytic description of some progressive psychiatric units were far from typical.

"In the late 1950's there were many changes taking place in society, in the helping professions, and in psychiatry about the treatment of psychiatric patients and the organization of therapy in public institutions. Within this situation of ideological diversity and organizational change the hospital studied by Strauss and his colleagues had a new superintendent who desired to innovate change on the wards. He recruited young psychiatrists who were inexperienced with State hospitals. He offered them a team of professionals and a great deal of autonomy on the words .... For that setting negotiated order seems an apt analytic description." pp.32/3.

The present analysis differs from that of the Halls' only in that the leadership role is identified as being of major significance to the process which prompted negotiation. This difference however does call into question the final statement. The reformation of social order which is accompanied by negotiation but impelled by the operation of power is not aptly described as "negotiated order".

Strauss in fact in his latter work modified his position to argue that negotiation must <u>accompany</u> all forms of social action. This is an important truth, because this puts the study of negotiation and its alternatives more towards the centre of sociological inquiry. This is the most useful element of the work of the negotiated order theorists because it is in the study of negotiation in context that the tension between social structure and individual action is revealed. It is revealed not only in the overt content of negotiations but in the social organization which accompanies them, the "backstage" work and in the structure of the discourse.

The step from putting the study of negotiation near the centre of sociological inquiry to putting negotiation at the centre of social order however is not in the view of the writer empirically or philosophically tenable. In view of this it is not possible to accept the implicit priority of negotiating processes in the statement that "All social order is negotiated order", Strauss (1978).

The concepts of power and structural domination must be regarded as more central to social order than negotiation and therefore the characterization of any social order as a "negotiated social order" is misleading.

Hall and Hall (1980) in the conclusion to their comparative study of two school systems make twelve propositions which they hypothesize would apply to the incidence of negotiation in organizations generally. The study of two small therapeutic communities is a very small sample on which to base comments about broader social orders but nevertheless the project is an addition to the literature and may help to sharpen the focus of subsequent work. The Halls twelve propositions will be listed and each will be followed by a brief comment made in the light of evidence from the present project.

1) *An organization that is growing and expanding will show more negotiation than one that is declining, and a declining one will have have more negotiation than one which is stable.*

Whilst agreeing that the first part of the proposition makes sense, evidence from the present study suggests that the second part may need qualification.

It is suggested that stability promotes negotiation at a mundane level but that threat or decline will provoke vested interests to limit negotiation via manipulation and other alternative ways of proceding.

2) *A successful organization will show more negotiation than a failing one.*

This is consistent with the comment above that confidence permits negotiation while lack of confidence inhibits it.

3) *Activities that are routinized, standardized and performed individually will show less negotiation than activities that are variable, individualized, publicly performed and involve teamwork*

This is consistent with the findings of this study in relation to the effect of work routines in Community B on the ability of the resident group to organise and negotiate collectively.

4) *The greater the size and complexity of the organization the greater the degree of negotiation.*

The evidence from this study is that small self-contained groups, which require a high degree of mutual dependence for survival show more internal negotiation than groups which are a small part of a large complex organization. It is suggested that key factors are the choices made by the leadership about how much negotiation inside and outside the boundary should be permitted. Large complex institutions can be very "institutionalized" unless special conditions of expansion and change are present.

5) *Equality and wide dispersions of power are conducive to negotiation while strong degrees of assymetry and concentrations of power are not. Power constrains not only the results of negotiation but its occurrence as well.*

The last sentence is central to the arguments put forward in the present project. The first part of the proposition is borne out by the observational data of the present project concerning the effects of heirarchy and a rigid division of labour.

6) *Administrative succession, particularly by an outsider following authoritarian rule and suppression of dissent will be more conducive to negotiations; while no change, or promoting an experienced insider, in a system that tolerated negotiation will show less.*

There is no direct evidence for this one way or the other in the present project, though it has been indicated that style of leadership is an important factor in determining the incidence of negotiation.

7) *A system undergoing proposed or planned change will show more negotiation than one tending towards tradition.*

No evidence from the present project.

8) *An organization whose leadership delegates authority, tolerates individuality and the development of semi-autonomous programmes, favours compromise over confrontation, and defines itself as a mediator, will show more negotiation than one which centralizes authority, stifles creativity and development, prefers domination or conflict, and has a self conception as a decision maker.*

This again focusses attention on leadership style but there is no evidence on this proposition within the present project.

9) *Professionals in organizations are more likely to engage in negotiations than semi professionals.*

For this to be true it must be qualified by adding "in the same organization". Evidence from the present project is that "semi professionals" with less rigid views of task and more idea of teamwork may well be more inclined towards negotiation than professionals defending their particular expertise.

10) *Organizations confronted with an aroused environment will show more negotiation than one in the midst of a passive context.*

There is no evidence on this proposition in the present project.

11) *The greater the focus of attention and commitment of resources by an organization, the less the degree of negotiation, particularly if the case involves the external environment.*

The relationship between Community A and its parent hospital may be seen as evidence in support of this proposition. The external threat was used to suppres negotiation, and was an illustration of the manipulative use of power.

12) *The greater the structural contradictions in an organization, the greater the negotiation.*

It may be that it is this factor which makes negotiation in therapeutic communities a prominent feature of daily life compared with

say, the life of a conventional ward in a mental hospital or a hostel.

Conclusion

It has been argued that "negotiated order theory" is as it stands misconceived. The attention which it focusses on the process and context of negotiation is a valuable contribution to sociological enquiry provided that the researcher is alert to the operation of power across negotiation settings in its many forms, (manipulation etc.)

The present writer would concur with the Halls (p.42 1980) that more empirical studies are needed of different kinds of organizations under different conditions to determine where the concept of negotiation is most evident and to define more precisely its relationship to the central features of social order - power and structural domination.

Implications for the Therapeutic Community

It is not part of the study to comment upon the merits of one particular treatment ideology over another. Nevertheless examining negotiations in the social environments of the two communities in relation to their main objective - rehabilitation - does prompt certain lines of thought and questions which practitioners may find of interest.

The starting point might well be the question: is a high level of negotiating activity a good thing therapeutically? Following on from our earlier findings that a high level of negotiating activity does not imply necessarily that the negotiations penetrate the social order at any profound level, the question might be reworded as "Is a high level of negotiating activity which substantially penetrates social order of

the community a good thing therapeutically?" If negotiations involve not only the superficial routines of community life but the power structure then the subsidiary question must also be asked which is "How much power should individual clients or the client group have?".

At present the therapeutic community ideology is ambivalent about all these questions. The notions of participation, absence of heirarchy, democratization and permissiveness all tend to suggest that the answers to the first two questions might be in the affirmative. If clients are to take responsibility for their lives then they must learn to assume real authority and collective responsibility for the welfare of the group. The limits however might come in the answer to the third question which confronts directly the issues of power and authority. The answer to this might be: "as much as the staff feel they can tolerate bearing in mind their own responsibilities and the state of their relationship with external authority and other interest groups".

From our study there are suggestions that certain conditions are antipathetic to wide ranging and profound negotiating activity which involves the whole community, and which results in social change:

a) a setting in which toleration for the therapeutic community is low, either because the setting itself is threatened or because the leaders of the community are unable or unwilling to test the tolerance of the setting.

b) a setting in which the power holders are divided and insecure among themselves and where differing interests among the power holders press claims to priority rather than to acting collectively. This would apply whether or not the staff group realize that they are behaving divisively.

Certain other conditions however do tend to promote negotiation. It was noted particularly that where through lack of staff or because of a particular ideology the client group are responsible for a wide range of activities which sustain daily life; cooking, shopping, budgeting, cleaning etc,(the mutual interdependence we saw among the residents in Community B,)this tended to provide a certain group solidarity which although fuelled by antagonism towards the staff did seem to have its roots in the mutual interdependency of the group. In this situation there were hints that people tended to act collectively as well as in the pursuit of their individual interests, and also that the more vociferous and angry members of the group tended to restrain themselves to a certain extent in the interests of group solidarity.

If, as has been suggested, the therapeutic community ideology encourages the idea that rehabilitation involves experiencing power and developing negotiating ability in a range of settings, then it follows from this study that practitioners should consider which conditions promote real negotiation and which promote manipulation and pseudo-negotiation.

APPENDIX A

METHODOLOGY OF THE CONTENT ANALYSIS

OF THE TAPE RECORDED MEETINGS

APPENDIX A CONTENT ANALYSIS

Introduction

Content analaysis is a technique which has been developed to deal with the problem of how to test hypotheses about ideology, bias style etc. in the written or spoken word in a way which is independent of selective impressions based on the listeners or readers reactions to particular passages. An example might be that an observer feels very strongly that the news coverage of a contraversial issue by a radio station is heavily biased. This impression may be the result of listening more or less carefully to two bulletins per day. If the stations total output is eight bulletins per day then clearly the sample analysed needs to reflect more closely the total output over the whole course of the issue. A content analysis would examine the frequency with which examples of bias occur. It might examine the impact of the headlines compared with the news story that follows. It would also examine the frequency of contra-indications; for instance, the number of appearances of a spokesman representing the other point of view in the controversy.

Content analysis therefore is a way of checking out "soft" data in a way which is capable of independent assessment.

In the present project the assertion that Community A is more preoccupied with its members' personal problems than with working together to organise daily life can be checked by looking at the frequency with which these matters are dealt with in community meetings and the amount of time devoted to them. Likewise the observation that Community A is less supportive in meetings to its members than Commun-

ity B can be checked against the number of occasions in a fortnight's meetings on which supportive remarks are made in each community.

The analysis is checked for reliability by an independent rater following the same rules of analysis as the researcher and comparing the results. In this Appendix the rules of the analysis are set out. Part I refers to the analysis of topic and outcome in Chapter 6. Part II refers to the analysis of style in Chapter 8. Part III gives the results of an independent rater analysing a sample of the data using the rules and protocols described in Parts I and II.

PART I

1. Sampling Units

When beginning to analyse a mass of scripts from different sources the first task is to break the material down into manageable units. Such first-stage units are referred to by Krippendorff (1980) as "sampling units".

> "Sampling units are those parts of observed reality or of the stream of source language expressions that are regarded independent of each other." (1980:57).

For a comparative analysis of two sources the sampling units had to be comparable for each source, and relevant to the objectives of the analysis. Clearly if as in the present instance the researcher is initially interested in the theme and outcome of negotiations, linguistic units, words or sentences would not yield the necessary information. The units had to be clearly bound in with a single main issue, and have a definite beginning and end. In addition the units had to be visible to independent observers i.e. have an existance independent of the mind

of the researcher.

In the case of community and staff meetings in therapeutic communities the search for a sampling unit was relatively simple and validity quite easy to establish. In both types of meeting the participants themselves divide up the meetings into an episodic structure which may or may not be related to a pre-arranged agenda. The basic sampling units were therefore known as "episodes", the parameters of which were determined by verbal cues from the actors themselves. In most instances an episode corresponds to what might be referred to by the people in the meetings as a single topic for discussion. The most straightforward indication that one episode has ended and another begun is where someone, perhaps the chair-person, says something like:

> ...Well A. perhaps you'd like to think about that. Can we move on to discuss B?

In other instances the cues may not be as clearly expressed in words, but the general acceptance that one topic has ended and another begun is quite clear - a lengthy pause followed by a new topic may be adequate. There are, needless to say, both marginal and disputed cases. Where an actor or a group do not agree that a subject has been adequately dealt with - not an uncommon occurance - there follows either more discussion or a period of negotiation. In either case the episode has clearly not finished and the subsequent discussion or negotiation is treated for analytical purposes as a part of the episode which preceded it. Where a number of apparently disparate topics were explicitly linked together by the actors themselves, and the links are openly or tacitly accepted by the meeting, as in one case where a difficult journey to the shops by one member of community A.

was used by a staff member to move the topic to a more general discussion of peoples fears about going out, the interaction was considered as a single episode. Had this occurred more regularly there might have been something of a problem when it came to ascribing such episodes to categories (recording units-see below). As it was in this instance, although the discussion became more general in that more individuals were involved, there was no change in either the definition of what was problematic, nor in level of analysis, nor in the actors logic-in-use. Other ambiguities in single episodes will be dealt with in the next section.

Episodes then could be long or short. An actor may raise a topic which no one wishes to talk about, and which is ended by another person simply behaving as though the first person has not spoken. Another episode may be very long and take up nearly a whole meeting.

Where an episode is ended by someone calling a meeting to a close, the episode is clearly finished even if it is obvious afterwards that people are dissatisfied. There is always a provision for an extension, where a meeting can be prolonged by agreement until a topic has been fully discussed. If this option is not used then for analytic purposes the episode is closed. In the sample of recorded material each meeting had between 5 and 20 episodes, all with a measureable duration.

Serials and Series

In order to give the sampling units a greater coherence, and to render them into a form which would make the major preoccupations of the meetings more abvious to those not present, two larger units were used to indicate where episodes were linked together. This happened in two ways. A topic may be returned to at a later point in a meeting, or

in a another meeting, if there is someone who thinks that some aspect is unresolved. This "serial" form of episodic linking is distinguished by references from the actors to previous episodes:

> ..."As I said yesterday....."
>
> "... We <u>still</u> haven't decided what to do about A. missing the meeting."
>
> "I'm very angry with B. for getting drunk again after what we said yesterday."
>
> The long-running serials in both communities consist of at least 3 episodes as a minimum and last longer than 10 mins discussion time."

A series of episodes are linked not by reference back and forth, but by the regular formal definition of some episodes as features of particular meetings. "Work group feedback" in community B is an illustration of a series. "Staff feedback book" in community A is another. Clearly it is of some interest to know how much negotiation went on in these regular formal slots; if their form or contents ever became problematic, and indeed how much meeting time was devoted to them.

Silences

There is one further matter before leaving the subject of sampling units. In community A in particular there were, as has already been stated, long periods of silence in may meetings. As time is central to the analysis there is clearly some problem about how to cope with complete silence in a meeting. Where there is a silence in the middle of an episode there is no doubt that the silence must be construed as being part of the episode. Where there is a silence between episodes the

matter is not so clear, but for our purposes an episode is not ended until the meeting is over or another episode is begun. Therefore the silence must be included in the episode which precedes it. Where a long silence ends a meeting it rather stretches a point to assume that a couple of comments which comprised the final episode should be timed as part of say a 20 minute episode. In this event-there were 3 in the sample - the final episode of the meeting was deemed to have finished 30 secs after the last intervention.

2. Recording Units - Categories of issues and outcomes

The initial task of the content analysis was threefold. If the communities were to be compared as "negotiated orders" the negotiations has to be examined to determine 1) the range i.e. the diversity of objects which were the subject of negotiation; 2) the relative priority given to those social objects central in the formation and reproduction of social order; 3) the productivity of the negotiations i.e. how far the negotiation produced agreements or working arrangements whether temporary or permanent and far-reaching.

To produce information about the range of the negotiations and the relative priority given to the negotiation of different classes of social object, the episodes were divided into categories according to how the nature of the problem was defined at the beginning of the episode. As each episode had a measurable duration, it was then possible to determine the proportion of the total time available for negotiation that was devoted to each category of social object. The categories are in the terminology of content analysis "recording units" Krippendorffdescribes them in the following way.

Recording units are separately described and can therefore be be regarded as the separately analysable parts of a sampling unit. While sampling units tend to have physically indentfiable boundaries, the distinctions among recording units are achieved as a result of a descriptive effort. Holst (1969:116) defines a recording unit as "the specific segment of content that is characterized by placing it in a given category". (1980:58))

Issues

Five categories were used in the analysis and they were coded from A-E. Hall and Hall (1981:3) suggested, it will be recalled that the;

> ...metaphor of the negotiated order then suggests that at any given time, the following social objects may be subject to negotiation because of ambiguity or conflict - values, goals, rules, role expectations and relationships, authority hierarchies, resource distributions, collective vs. group vs. individual interests, reponses to new situations, decisions and courses of action."

This list was used as the basis of the categories with modifications and additions, which will be discussed as they arise. Before discussing the categories however it should be said that the negotiation of values is rarely explicit. Values are implicit in the frameworks used by the actors in the negotiation of specific problems, but only have meaning in relation to the particular. No separate category was used therefore to cover the negotiation of values. Goals i.e. organizational goals are a different matter in that there is a greater

theoretical possibility for the renegotiation of organizational purposes and objectives in certain circumstances. These are likely to include a considerable upheaval in the organization, and as the communities were selected precisely because they were not in the process of a major upheaval or change of direction it is unsurprising that their goals and objectives were never the subject of explicit negotiation. This is not to say that (like values) goals were not the subject of implicit negotiation. Indeed it could be said that the formulation and reformulation of organizational goals was implicit in all negotiations, but as such they never became problems in community meetings. Individual members in private, and occasionally staff in staff meetings asked, usually rhetorically:

"What is it all about, what are we trying to achieve?"

And there were occasional public reminders and interpretations of "the task", and the "real purpose of the organization" (see extract from the staff learning meeting Appendix B) but no-one comtemplated the idea in public that the purposes of the community were ambiguous or unknown. Members in both communities occasionally voiced suspicions that no one really knew what they were supposed to achieve, but the nearest this came to the surface of discussion was when members in community A expressed anger at members of staff for not giving explicit answers to questions from Andy about what exactly he had to do to prove his reliability and self-control had developed sufficiently to enable him to go out without molesting a child. This raised briefly the question of what exactly rehabilitation and therapy might mean, and the relationship between the two. (Comm. A Mtg. 9). The attempts of Dick and Andy to generalize the problem were however unsuccessful.

In community B. there was, as we shall see, a great deal of

discontent, but this was about means rather than ends, which seemed to be non-problematic to both members and staff.

In the list of categories therefore there is no specific category for goals. Likewise it is assumed that conflicts of interest are present by definition in all negotiations. "Responses to new situations" is too general to be in a category by itself, it is the nature of the situation that is of interest. In one sense every new issue is a new situation. Decisions or agreements are of course two of the possible outcomes of any negotiations, and will be analysed as such.

The categories used were:

A) Construction and organization of agendas i.e. deciding what will be discussed, and in what order. This is a necessary addition to the Hall's list, if specific negotiations are being studied. No matter what is negotiated, if the issues are pre-selected and the timing pre-arranged, then this would suggest at least the possibility that negotiations occur only within the limits which the power-holders are prepared to allow. If agendas are not the subject of public negotiation between the various interested groups and individuals, then this must limit in some degree the extent to which the social order is a negotiated order.

B) Input and Evaluation of Information. This is related to the construction of agendas. In both communities there was regular reporting of events preceding the meetings, given by members of staff deputed to do so . This is, in effect, the construction of official history. The information selected and the construction put on it have a considerable influence on what is discussed, and the framework within

which the problem is defined. The "staff meeting feedback" in community A is a good example of such reporting, as is the "work group feedback" in community B.

C) Organisation and division of time labour and resources. This includes all administration and organization governing the daily life and work of the communities, where formal status and role relationships were not at issue. Illustrations of this are decisions about the timing and format of the Christmas party, the buying of food and the construction of work rotas, the mobilization of volunteers to perform routine tasks etc.

The critical distinction between episodes in this category and those in the next (D) is that where there is a division of labour the person who performs a particular task does not alter his/her formal role or status. These then are negotiations which do not impinge on formal hierarchies, since the tasks concerned are theoretically performed by each member in turn. Where, as in community B, a question was raised about whether staff were entitled to exempt themselves from rotas if they thought it necessary, then a question of legality is involved, and this episode would fall into category (D).

D) Rule - governed behaviour. This category includes all questions of legitimacy, hierarchy, rules, role relationships, formal status, examptions and sanctions. Categories C and D are at the centre of the negotiated order problem. If the communities can be usefully described as negotiated orders then these two categories should have a degree of priority in the time that is made available for negotiation, and the negotiation should be productive, i.e. decisions, agreements

or working arrangements should be reached on which the daily life of the communities will be based.

In order to investigate the degree to which the negotiation in these two caregories penetrated the social order both were sub-divided into two parts - C1 & C2; D1 & D2. C1 & D1 contained negotiations relating to specific individuals, C2 & D2 contained negotiations which concerned the communities as regulated groups, in which the issue was to do with collective action. Clearly both individual and group negotiations are an integral part of the process of the social order, but the negotiation of individual exemptions from particular activities or the control and sanctioning of a rule-breaker does not necessarily have a direct or predictable effect on the social order. Rule-breaking by an individual may serve to mobilize collective dissent, or group cohesian in opposition to the individual, but these are indirect effects and are not easily predicted or discerned. The social order is not brought in to question so immediately therefore as in the (C2, D2) sub-divisions. An individual instance of rule-breaking may ultimately cause interested groups to demand a reassessment of the rules; as in community A when the agreement that the tape-recorded meetings should be available to all members was challenged because one person got drunk after listening to a meeting in which they were discussed in their absence. In this as in all other cases where one topic led to another which was related, but at a different level in its definition, the change did not take place within what has been defined as a single episode. Where such a change takes place, and there is no reversion to the original topic, then one episode is judged to have ended and another begun.

E) Personal problems and difficulties, i.e. where the community is not involved as a regulated group. This qualification is best explained by a short illustration. If William hates Helen because of the way she is discharging her role as fore person, this would fall into category E because the matter can be dealt with solely in terms of William's internal state. No question of legitimacy arises, the issue is the manner in which a relationship involving authority is being handled. If on the other hand William decides to make his protest by refusing to do his job, or questions Helen's right to exercise authority over him, this would fall into category D.

Category E is therefore in an indirect relationship to the reproduction and construction of social order. In a therapetic community one would probably expect a great deal of attention to be paid to people's feelings and relationships. In this analysis the central question is where and when this happens. If the community is structured so that community meetings need to be taken up largely with counselling or investigating personal emotional problems, then it may be that problems which are more central to the social order are being squeezed out of the formal arenas. Some communities recognise this as a problem, and make a formal distinction between "feelings groups" and "business groups". Where, as in the present cases, the community meetings were used for both purposes then the balance in the way the time was used is clearly of significance to the negotiation of the social order.

These categories used in the first stage of the content analyses are summarized in Fig.1 Chapter 7. The aim of creating these categories (recording units) is to yield information about the relative range of

the negotiations in the two communities and the relative priority given to the negotiation of specified social objects.

Categories of Outcomes

The range of possible outcomes to episodes were divided into 5 categories, with the purpose of yielding information about the productivity of the negotiations. The categories were coded a-e.

a) Postponement of the discussion to a later dated.

b) Inconclusive ending i.e. an implicit agreement to leave the topic without formulating a decision or agreement on course action; or a vague undertaking to consider the matter again

c) Breakdown or refusal i.e. where a discussion is terminated because the parties to it are irreconcilable, or one party refuses to continue.

d) Decision or agreement. This is obviously a crucial category, limited to cases where a decision agreement or understanding is made so that all parties show some sign that they recognise the fact of the agreement and its terms. An ending where no one actually formulates the terms of the solution, or gives a verbal cue that an agreement has been made would fall into category b. A verbal cue that there is the assumption that an agreement has been made might be where someone says "Is that OK then?" If no one disagrees or challenges the assumption then in these terms this is an agreement.

A further dimension relating to this category is whether or not any action results from the agreement or decision. This is outside the scope of content analysis alone, but clearly it is of significance if some or all the parties to an agreement take no notice of its

terms . afterwards, nor is there any challenge about the breach. In these, by no means rare, events, the negotiations may have been a charade to mask the real decision-making processes. The innovation of group cooking agreed in community A is a case in point. Both staff and members (rather reluctantly) agreed on the principle and some of the practicalities of this, but it never happended nor was the matter referred to again after the first week's discussion. Here it was agreed tacitly in another setting (the staff meeting) to let the matter drop without alerting the members to the fact.

Another related problem concerns intention and good faith. The agreement of staff member J. in community A to come in outside her normal hours to a participate in the cooking illustrates the difficulty. In the subsequent staff meeting it became clear that she opposed this suggestion very strongly, and it is by no means certain whether her initial agreement was a strategem to deceive and to take the heat off, or something intended at the time but reassessed very quickly. Where Strauss and the negotiated order theorists discuss agreements they agree that arrangements can be very short-lived, but they do not distinguish between agreements entered into in good faith, and those made with a strategic purpose which one party has no intention of complying with.

There is no way in a content analysis of distinguishing between agreements and pseudo-agreements which can only be handled adequately via case studies. Therefore for our purposes it will be assumed that agreements are made in good faith. In this way if any bias is introduced it will favour the concept of the negotiated order and thus not weaken any negative evidence concerning the utility of the paradigm.

e) The <u>removal</u> of the discussion of decision-making <u>to another arena.</u> This is usually to a higher order setting;

"We will discuss this some more in the staff meeting and let you know."

But it can be to another arena at the same organizational level which the community decides is more appropriate.

Part II Analysis of Questions, Responses, Statements:

(refers to the data presented in Chapter 8)

A question for our purposes is a request for a specific action (e.g. a reply) from a specific agent (individual or collective). Rhetorical questions are thus discounted. A question therefore must attempt to elicit a response, it must attempt to force the person to whom it is directed to subordinate his own line of thought to that of the questioner. In order to simplify the analysis and reduce ambiguities, only grammatical questions will count, i.e. those utterances which when written would have a question mark at the end. Thus questions framed as statements, e.g. "I don't know if you want to accept what has been offered" will not be counted as questions. By thus discounting indirect or implicit questions the bias of the analysis will be to minimise the use of the question in both communities, but it should not prevent comparison one with the other.

An utterance which is made directly in response to a question will be called a response. All other verbal acts will be classified as statements. The term "interventions" will be used to describe the "sampling units" in the analysis. An intervention in a meeting is defined as all those utterances from where a person starts talking until the point where another person starts talking. All interventions will therefore be classified as Questions, Responses or Statements, each attributable to a particular person.

Problems and Marginal Cases

1) A response is only the first intervention after a question and must therefore refer to the terms of the question. If more than one person makes a response to a question all responses will be counted as such as long as they refer specifically to the question.

2) If a question is answered by another question (e.g. a request for clarification, or a challenge to the motives or whatever of the questionner) this will count as another question.

3) Where more than one question is asked in one intervention i.e. the speaker moves from one question to another without pause, the intervention will be considered as one single question on the grounds that either the last question is superordinate to to the others, which may be rhetorical, or that the questions together are a composite question.

Supports and Challenges-Definitions and Difficulties

In their suggested framework for the microscopic analysis of therapeutic discourse Labov and Fanshell (1977) have this to say about the interactive significance of "requests" i.e. speech acts which demand some reciprocal action from another person - a "response":

> At a deeper level of interative significance, requests often represent or are interpreted as more personal actions: challenges, criticisms, attacks, denigrations, insults; or praise, support, flattery, reinforcement. We will refer to the first

set of negative terms as challenges: a challenge in any reference (by direct assertion or more indirect reference) to a situation, which if true, would lower the status of the other person. On the other hand, we will refer generally to support as that form of behaviour which would reinforce or raise the status of the other person.

An intermediate step in making a challenge is to throw doubt upon a proposition that the other person endorses. We will use the term question for this action, in accordance with the normal use. "I question your opinion on the point."

In response to challenge from A, B may defend himself. This defence often includes a challenge or criticism of the person who initiated the first challenge. (1977:64)

Labov and Fanshell's definition of support and challenge will be used and these will be our "recording" units for this part of the content analysis. The major serials and series will be used as the sample, and including the sequence of Mary's misdemeanours as part of the data from Community B. The "sampling" unit will again be the "intervention", i.e. if an intervention is supportive of another person in the sense defined above then this will count as 1 (no) support.

If an intervention contains a challenge or "put down" then this will count as a 1 (no) challenge. If as sometimes happens an intervention contains a support for one person and a challenge to another, this will for the purposes of analysis be counted as one of each. In practical terms therefore, a support might be an expression of approval, encouragement, agreement or sympathy. In the case of agreement, the connec-

tion between a statement by one person and statement in support from another must be explicit i.e. something like - "I agree with X", or "As X says", rather than as a statement on similar lines to the previous one implying agreement. A challege might be an expression of disagreement, ridicule, disapproval, reference to illegal or anti-social behaviour which someone is trying to conceal or disavow, a suggestion of ulterior motives, or casting doubt upon a person's account of their own behaviour, e.g.

"Are you playing games with us or are you really ill?"

A challenge is therefore more than just an expression of anger. Where there is anger expressed the reasons must be made explicit for the intervention to be counted in the analysis.

Marginal Cases

1) The implicit challenge

This is conveyed by a particular emphasis in the intervention. When Tommy says he feels bad after a row with Frances, she replies:

"You feel bad!"

Here she is challenging both Tommy's right to feel bad, since she feels that what has happened is his fault, and his implicit suggestion that he is in some way the victim. Sometimes the written text of a meeting will not convey this sort of challenge unless "stage" directtions are written in. The analysis is therefore dependent upon the context and the tones of voice in the tape recording. An obvious example is Dick's ironic challenge quoted below. Where the matter is more doubtful units are not counted.

2) The general challenge

Dick's opening to his request to miss some meetings is a general challenge to the community about their own behaviour, and a ploy to disarm objections to his request.

"As everyone's awake and paying attention, I thought I'd ask... etc."

Such a general challenge is counted as such (1 unit) but as no one in particular is singled out, no one person is described as being challenged.

3) Collective challenge

Where a person is challenged by a collective agent (e.g. in the staff "feedback" in community A) this is counted as a challenge received but no individual is credited with having made the challenge. (or support).

4) The repeated challenge or support.

Where a challenge/support is repeated because the recipient did not (or pretends not) to have heard, this is counted as 1 unit.

5) The challenge/support for persons absent from the meeting

These are not counted in the analysis as the analysis is, at present, concerned with the interactive significance of interventions. Thus where for example the warden R. in Community B, or Pauline in Community A, are criticized in their absence, this will not be counted as challenges issued or received.

6) The multiple challenge/support

Where two or more individuals are named in a challege/support 1 unit is counted as being issued, but each recipient is credited with receiving one unit.

7) Non-verbal supports/challenged

They are not counted even where the researcher knows or suspects that they have occurred. This is a deficiency in the data, but inevitable because the researcher could not guarantee that the proportion of non-verbal acts which occurred but which he did not see, is known to him or in any way calculable.

Finally, it must be said that this scheme of analaysis does not give any indication of the <u>weight</u> of a support of challenge. Many of the challenges in community B for instance were a little more than good-humoured banter; some of the supports merely saying nice things about the state of someone's sink. The use of major serials and series does however mean that the discussions although at times light-hearted (at any rate in community B) were about matters which the communities took seriously.

Part III Validity Tests on Content Analysis

Selection of Sample

One of the 32 meetings recorded 4 were chosen using random number tables (Robson 1973). These meetings are 12.5% of the total number and in time represent 14.5% of the total meeting time.

Episodes

Scripts were given to an independent rater who was asked to mark where episodes were adjudged to start and finish using the protocol described earlier in Part I.

The rater was supplied with unmarked transcripts and asked to mark episode divisions in pencil as in the original analysis. The two sets of scripts were then compared and there was found to be agreement about the division into episodes in 38 out of the 43 episodes in the original analysis; an agreement of 86%.

Topic and Outcome

The rater was asked to categorise each episode marked on the rater's scripts according to topic and outcome as described in Part I. The rater's scripts were then compared with this original and agreement about category of topic was found in 32 out of the 43 episodes. An agreement rate of 74%. Out of those 32 episodes where category was agreed there were 27 in which there was agreement about outcome, an agreement rate of 84%. Overall agreement therefore was found on 27 out of 43 episodes: 62.8%.

Supports and Challenges

The analysis of supports and challenges was checked by an independent rater using a sample of 100 interventions from each community and marking them as supports or challenges according to the criteria described in Part II. These were then compared with the researchers analysis of the same data.

Each intervention in the scripts was numbered so that it was possible to establish whether interventions were being categorised in the same way.

For Community A the researchers analysis found 2 supports and 30 challenges. The rater found the same two supports and 26 challenges of which 25 appeared on the researchers list.

The researcher's total of supports/challenges for the sample from Community A was therefore 32 out of which 27 were agreed by the rater. Percentage agreement 84.4%.

For Community B the researcher's analysis found 6 supports and 12 challenges. The rater found 6 supports - 5 of which agreed with the researcher's list and 10 challenges of which nine appeared on the researchers list.

The researcher's total of supports/challenges for the sample from Community B was therefore 18 with agreement in 14. Percentage agreement 77.8%.

It should be noted that some of the cases of disagreement between the researcher and the rater seemed to have occurred because the reseacher was better able to assess the tone of voice being used and the force behind a particular intervention than the rater who had access only to the scripts. It is suggested that if time allowed the rater(s) should be able to listen to the tapes while reading the scripts.

The analysis of questions etc. was not subject to independent

testing because the researcher had deliberately simplified the definition of questions to include only those interventions which ended with a question mark in the script. It was not felt necessary to test the counting of question marks nor were responses thought to be sufficiently ambiguous as to require an independent rater.

APPENDIX B

STAFF LEARNING MEETING

Community B

R. introduces briefly the circumstances in which his paper came to be written. The incident to which he refers is in fact still simmering among the residents, as a prime example of their complaints. The junior staff have had a "Coffee group" that morning in which the strength of feeling was very apparent. It has left them somewhat shaken, as the discussion of R.'s paper reveals.

R. ..... It tied into what originally grew out of Penny's request that she could inspect staff rooms - do a room inspection. I expect most of you remember that incident. And it arose out of having to think out an answer to that request, which originally started out as a dogma as far as I was concerned - that it is the Warden's task to inspect staff rooms. I then had to ask myself - why? Because I knew that Penny would ask it of me. The philosophy of the (parent organization) as I understand it is based on a belief in the equal rights and worth of each member of a community which exists within (it). The very name (of the organization) implies and assumes equality of rights and worth. That assumption I take as being accepted without question within the organization. So in terms of value- residents and staff alike - are I believe equal. In terms of function however, they are very different. This difference can be expressed very simply in terms of function and purpose.

Residents join a therapeutic community in order to work at problems, the answer to which they have previously found no satisfactory practical working solutions. They join in order to be given space to

concentrate all their energies on this work through the offered structure and programme of the community to which they choose to belong. And they are accepted by the community with that understanding and agreement in mind. Staff join the community to work with residents in such a way as to enable residents to find satisfactory practical working solutions to problems which brought them into the community. To that end staff carry certain responsibilities - some in common with residents, some different. Amongst the former will be such common responsibilities as being committed to the life of the community through open communication, honesty about feelings, doing what they undertake to do, negotiation of changes etc. Amongst the latter will be differences of responsibility, such as holding confidential information, making decisions about who comes and who goes and when, setting boundaries in line with the policy of the organization, and looking after the administrative duties and requirements of the house.

The reason for the difference in responsibilities being in order that the purpose of the community - to enable residents and staff to find satisfactory practical working solutions to problems may be achieved. So the difference between residential staff in a therapeutic community belonging to this organization is one of function and not of value. Residents join a community of their own free choice, to do one type of work. Staff join, again of their own free choice, to do another type of work. It is a well-established fact that for staff as well as for residents, the life lived within the setting of a therapeutic community inevitably highlights personal problems previously not seen or encountered. It is vitally important that staff do not deny the problems they come to encounter. It is equally important they seek solutions to those problems through the resources open to them - inside and outside the organization but not

at the expense of the residents. It is only too easy in the stressful conditions which frequently occur in the community for staff members to lump his or her problems onto residents. Regular staff dynamic groups, supervision and outside counselling, need to be made full use of by all staff members if this is to be avoided. And this again is a special responsibility carried by staff in a therapeutic community.

(B. here interrupts to ask if outside counselling is absolutely necessary, and how it differs from supervision. R. replies that it is not compulsory, but that it is a useful activity and one which he himself engages in. It is not paid for by the parent organization. Supervision on the other hand is provided and is primarily concerned with professional matters.)

Er - the final section I've just headed - Teaching/Modelling. A further staff function which needs special attention is teaching or modelling. Often in the hurly burly of community life this can easily be lost sight of. Staff on occasions "help out" on the work group chores through sheer necessity in order to keep the place clean. Few staff object to that. But such occasions can easily lead both staff and residents to lose sight of the main reason for staff involvement in work group, which is not primarily to help out, but to teach, model and provide a resource for residents, to enable them to learn from the whole interaction, not only practical skills, but also to cope with the relationship involvements inseparable from practical work situations. The distinction of function can be further blurred when the staff member cannot teach say cooking or even cleaning, because he or she may not have had previously to learn those skills himself. The situation can then arise when residents are teaching staff. This of course is

bound to happen from time to time at every level of interaction and there is mutual profit in such a situation. Profit for the resident, who grows in confidence, and profit for the staff member who learns something new. The difficulty arises when these situations trap both staff and residents into mutual expectations as to function and purpose which are false. Thus staff and residents can lose sight of their separate functions to the point where confusion arises about value. To the point where residents begin to ask for example "Why should we work for them?" By which time the whole distinction between function and value becomes totally and damagingly confused, and the community instead of working towards a common goal, starts to pull itself apart and vital energy and achievement are lost. Clarity over function, purpose and value is essential if this type of situation is to be avoided in community houses and houses in which awareness of this problem is absent can result in constant "us and them" confrontations, which are damaging to the whole purpose of the therapeutic community.

1 S. When you talked in your paper R. about the community meeting Polly asked quite a good question which never got answered really. I'd like to come back to that. I think what she said was the the staff have the right to set priorities if they have more important things to do than work group. Whereas the residents haven't got that choice, for them it's absolutely compulsory. They can't say...

2 B. They come into the houses knowing what they've got to do.

3 S. Yes that what I'm saying. In the case of the residents, we've got the assumption that doing work group is beneficial for them and I think that's where a lot of conflict lies. Because I'm sure some of the residents don't need that ....

4 T. And yet it would be impossible to make that sort of a distinction wouldn't it?

5 S. Yes. I'm just saying that there is a lot of conflict there. And yet we have this assumption that doing it is beneficial.

6 S. The fact that residents are always complaining about workgroup, that they've got to do all the bloody work, somehow indicates that we are too much focussing on the actual jobs and not enough on the relationships behind them. It seems that isn't clear to the residents.

.....

7 Br. I believe you can't separate function and value as you do in the paper. You say we have to do different functions and therefore we have to do different work on another level and you always say that this level is not higher than the level for the work group, but look out in the society which work is more valued - paperwork or cleaning baths and loos. And therefore I think there is a lower level and a higher level of working. I can understand this feeling unvalued. I believe you that you think your level of work is not higher in the society it is ....

8 R. I think what I was trying to teach them - I mean I accept that's how the world is, but in this organization the philosophy is not that as I understand it ... And I think that's important for people to understand that. And I think that they're understanding that is a way of doing away with unnecessary aggravation. It's a question of clarification. I think it's more important that we focus the attention of the community on its purpose - its ultimate purpose rather than get into all sorts of meaningless wrangles about who is more important than someone

else. I mean I accept that those values are taken over and brought into the community, but I think it's very important in the community to keep refreshing peoples vision as to what it is about. And it really isn't about who is the most valuable person in the community. It is about helping residents to find practical working, satisfying solutions to problems. That is the purpose of it.

.....

But there are different functions in the community and there are some things they cannot do. They cannot have access to confidential information. They cannot make decisions about um who comes and who goes and when ...

B. But we seem to say look you can have a meeting with the residents and you can make a decision whether you like them or not. Whether we take your opinions into consideration is another thing.

9 R. All you can say in answer to that is that we <u>do</u> take their opinions into consideration - which we do.

10 B. We make the final decision.

11 R. Yes, we do, and that is the package that is offered.

12 T. Are you seriously suggesting it should be other than that?

13 B. No - I'm just saying on the one hand we are saying "Tell us what you think and whether you accept this or not, and we're going to make the final decision, whether you like it or not".

14 R. I think it's the way you put it. If you put it in that very provocative way B. I think you're going to get bashed. What we say here is "You are in a consultative role, which means you are

being consulted as to your opinion of this particular person." But the decision is the Warden's. That's always been absolutely clear in this house.

15 B. But I mean I've heard residents air that ...

16 R. Oh sure - they air it all the time. The answer to it and we've got to repeat it and repeat it and repeat it, is to make clear what their function is, and our function is, and those functions are different. They might not like the fact that they're different but the reality is they are. Nothing is going to change that and they've got to learn to live with it, or if they don't like it - leave the community. And that's absolutely realistic and clear. That's how life actually is - that's how life is in this community.

But they don't have to be here. They are here of ... voluntarily of their own free choice as are the staff. And if the staff don't like the organization's policy they don't have to stay. But you know we are given a certain philosophy and a certain structure, you know and that's what is offered. Sure we can disagree, but we don't have to work for the (-) if we don't want to. But I think if we do accept their money, then it's my belief that we are committed to supporting and upholding policy. I think it's quite dishonest to belong to an organization and sabotage it um in such a way as to destroy its policy. That's a moral issue.

17 T. Yes, I can see that. R. On the other hand I wouldn't want to use that as a great bludgeon to prevent discussion and evolution in the organization.

18 R. I mean I don't want to go into a p.r. exercise for the (-) but one of the things I do stand out for and the (-) stands out for is as I understand it is negotiation, changing things, and so on. Now we're getting onto moral issues and there are limits about what can be achieved at that level. But I think clarity is the answer and a lot of people in the (-) get mixed up between moral issues and the job to such an extent that they can no longer do the job. I think if people reach that stage they should have the honesty to leave.

19 S. That is exactly what the residents are complaining about in the coffee group. When R. presents something like that either you don't like or you leave.

(B. says she wants to talk about the coffee group but there is no time)

The numbering in this extract is not the numbering in the original extract.

Community B Staff Mtg.2

1 S. What the residents have been saying about the community again and again is that everybody seems to function OK at a practical level but there is no emotional warmth there is no support and understanding. It's cold empty and unsupported. And I think I agree with them.

2 R. (warden) I wonder if that's true ....

3 G. (supervisor) Do you think that's interelating with staff or among themselves they're talking about or the whole thing.

4 S. The whole thing. I think it has definitely to do with the staff - yes and our input. And perhaps we focus too much on what happens, practically - I don't know. At least that's how they perceive it. We just want them to function to do work group, to get on with things er...

5 R. I think that's true.

6 G. On the other hand compared with other houses you give quitea lot. Tuesday afternoon groups - play groups. On the other hand perhaps because it's a built in structure it isn't as feeding as when may be you had some time to go and be with them of your own choice. Or maybe it's the quality not the quantity you're talking about...

7 S. They want something different. They aren't satisfied with what they are getting at all. They all have been saying it - the lack of support.

8 G. It would be good if you could actually tap that. Maybe not at the community meeting. Maybe at an 11 o'clock meeting. I mean

they had this in one house where they were saying - "The work group means nothing" and the staff did a brainstorm saying - "What do you think the workgroup can give you?" What do you think you could get out of it in a perfect world?" And the most fantastic things came out like comradeship, mutual support, learning to take orders, learning to concentrate, learning to to helpful. I mean you know, the the staff didn't have to give anything. It all came out. Er - learning good manners (laughter) I was amazed.

9 R. Actually I was thinking ...

10 G. And then we were able to say - "Well OK. How do we actually structure the workgroup so that people can do some of that learning, and they actually worked on that...
So you say - "Look you seem to be hinting there's some potential here and we don't seem to be getting at it. What would it be?" So you might get things like "support" or "love" or goodness knows what you'd get, maybe on a piece of paper, and then you say - "How do we go about giving those things and getting them?" You might get them to formulate - "Perhaps I could give..." or "What I want..." and actually get it down from the vague "I want it to be more of a place..." to "I would like..." something specific that you could actually respond to.

11 R. I mean may be this would be a way in - to have a brainstorm with the residents, and then give you an opportunity to feed in some ideas about how it could be more supportive. Because I think it is true that our workgroup's too concentrated on keeping the place clean.

12 G. I picked workgroup because that's where I saw it. Maybe you need to focus on where they think the problem is.

13 R. Yes ... I mean what do they mean by lack of warmth. I think we need to know what they mean by that.

14 G. And sometimes something appropriate comes out and sometimes something inappropriate, but at least...You know someone will say - "Well I tell you all about me in counselling - you don't tell me all about you". Sometimes it's inappropriate, but at least if you explain why that's ... their not hung up on someone being withholding or cold. You know something's clarified for them. I think if they're saying that you need to respond to them somehow, some way.

15 R. Perhaps we could pick that up if it's said to us...bring it out... discuss it openly.

T. Fit it in the community slot.

16 R. Yes maybe we could be on the look out for that even tonight in the community meeting and then as you say fit it in to the community slot.

17 S. There won't be much time tonight.

18 R. Well we can always start early. We can always start at 7.30. Shall we in fact do that?

19 G. Or could you use an 11 o'clock coffee morning for it, to say you're going to. You know people have been saying der der der...

20 R. Er I'd like to be in on that. Trouble is I've got a case conference at eleven with Helen. But I think may be tomorrow would be appropriate.

21 T. On the other hand it would be a good idea for everyone to be present both residents and staff.

22 R. I mean my fantasy is that if I'm not there it will all be put on to me because I regiment the place and I impose a tight structure, and it will all be put onto me and not dealt with where it really belongs - you know with them and with us all.

23 G. Well may be you'd have time to raise it tonight. Maybe S. could say, you know - "I've heard these things. Are people feeling that? Well let's structure it into next week's community meeting, when we will have a space to think about it. Meanwhile think about what you would like from community life, how you could provide it and how you could get it." What do you feel?

24 S. Yeah sounds good. Unfortunately, I won't be here next Monday.

25 G. What's the problem about starting earlier tonight.

(S. says she is tired from being on duty for 3 days solid and would like a break between the meetings. Eventually she says she doesn't mind).

26 S. I think it would be better to give the residents some notice...a chance to think about it beforehand. If it just comes up tonight it will be a bit difficult for them. It might be a good idea to be spontaneous.

27 T. The chairman could tell people about the agenda... We could use a blackboard.

28 R. I think that would be a good idea T. Any good on the blackboard? Use the community slot for that. I wonder if we should bring

the community slot forward and have the business bit at the end. We could always actually pick up on the Tuesday if we miss those things. We have quite successfully done that.

29 T. I just feel it would be better to go through the agenda and if anything is to be curtailed it should be the feedback.

30 S. I disagree.

31 R. I think the business can be left till Tuesday quite easily. But this is so easy to avoid what's really bugging people - by hiding behind the business.

32 G. And I feel that if they're saying things like this, if it's not responded to - it actually reaffirms what they're saying....

33 T. Well I think I need to declare an interest. I feel rather uncomfortable. It may be part of my paranoia, but I'm aware that Angela is very often a leader where any sort of...

34 G. Point is you're not actually asking for negative feedback. I think it needs to be worded very carefully. You're not asking "What is wrong with this house?" You're asking - "People are saying there are some good qualities that are missing, like warmth and personal relationships - whatever. Can we actually break those things down and be specific about what we would like to get here?" Good things like "friendship", or give a few examples like "Good attention" so you're actually getting them to focus on good things. You're not asking them for what's wrong with R. or...You're asking them what they want more of in the good things. So it becomes a positive exercise.

35 R. Yes I think this is important because I think if we go into this exercise feeling guilty and defensive, it's not going to work. We've got to go ... the reality.

36 T. Somebody else better take the blackboard...I just wanted to declare Angela has often given me a lot of trouble more or less on these lines in counselling and about a week ago I said to B. and S. after a counselling session, I think she was complaining about not being touched when she's crying and this placed me in something of a dilemma because I do think this is er...has been with me...

37 G. I think you should reply to that, and that is warmth can be communicated without touch, and that touch can very often be greatly misunderstood. So if a staff member is not touching it's not because they don't feel warmth, it is that it can be misunderstood, especially between sexes and that's the end of that conversation.

38 T. I agree with that but I just want to register I find this difficult.

39 G. You could get a resident to do this. Get Angela writing down.

40 R. That's a good idea. But I wouldn't want this exercise taking place if we are going into it feeling defensive and guilty. Because they'll pick them up, and go straight into it and miss what really is the issue. The reality is we are all doing our best - OK you know we are all imperfect and we don't all put in as much as we would like if we were perfect.

41 G. I think <u>you</u> should put in what <u>you</u> want. So it's not only the residents but the whole community. You are also contributing what qualities you would like to be here.

42 R. Yes it's a two way process. Otherwise we are encouraging this very dependent state, but putting ourselves in the position of always being the providers which of course we can't do.

43 G. That's right. What do you want from the community as a staff member?

44 R. I mean we have needs and rights as well.

45 G. More independence?

46 R. We haven't made a decision yet.

(general agreement that tonight is the night.)

47 R. How are we going to introduce it without being negative?

48 G. Could you do it S.?

49 S. Yes. I could say that people are saying about lack of support and invite them to look it - a brainstorm.

50 G. And if they had what they want - what are the qualities...?

51 R. Could I enlist the work of the team on this if it does turn into a R.-bashing exercise, which I fear it may well do - erm...which I think would be unproductive...um... That doesn't mean to say that I'm perfect or that I don't need to learn- that goes without saying, that's not questioned at all. But I think if it would be an easy way out of facing up to what actually....

52 G. I think if you keep them to the task...

53 R. Keep to the task.

54 G. I don't see how it can. Simply ask what are the qualities that are missing. If they say "Well R. is dogmatic". Say "Well what is the quality that is missing?" Sharing? More responsibility? Put it on the board. The moment they get into..."Well what are you saying?" And keep them to the task, so all you can have is positive things on the board. And if they give a negative one like "less aggro" you say "Well what are you asking for?" Positively "harmony" - OK?

55 R. What I'm speaking of...I'm not only saying if I become the target - if anybody on the staff becomes the target if we all work together to put it back to the task and support each other over this because I really do think it's a let out, I mean I'm not saying that we haven't got things to learn individually - of course we have. But we deal with that in Staff Dynamics, not in front of the residents.

56 T. I don't know if it will crop up - on this business that can happen, as I've seen it happen ... I've sometimes wondered if perhaps the way support could be given, I mean one often encourages people to deal with a person face to face and not behind their back. If such a thing cropped up, if one can confine it to a person at a time. If everybody gangs up together so the unfortunate staff doesn't know which way to turn that's no use at all. But if one person was actually to to try to deal straight with a staff member, then maybe other staff could <u>prevent</u> other people joining in as a mob. You know - say "Here is something going on between A and B - leave it."

57 G. You're talking about an ideal world. I mean this happens in (the parent organization) among staff.

58 T. I was just wondering if that's a way we could be supported, because in the past I've sometimes felt - I've wondered on the outskirts what to do.

59 G. You're saying get people to be direct when they don't want to be direct. They have an investment in building it up ... I think if you keep them to the task. There's a lot of paranoia here.

60 R. I think if we feel ourselves getting defensive may be another staff member can take over at that point.

61 G. You'll have to be very careful how you bring it up. If you say people have been moaning or if you say people have been complaining; "What's wrong?" - then you're going to get the negative - "This is wrong", "That is wrong". If you say "People have been saying there's some missing qualities - Now what qualities? What good qualities do we want here? Then may be if we know what good qualities we want, we can think of ways to get them to each other." It's very important how you define it....

The numbering in this extract is not the numbering in the original transcript.

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